

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3725

[REDACTED]

Signature Confirmation

Client ID [REDACTED]  
Hearing Request # 130815

**NOTICE OF DECISION**

**PARTY**

[REDACTED]  
[REDACTED]  
[REDACTED]

**PROCEDURAL BACKGROUND**

On [REDACTED], the Health Insurance Exchange Access Health CT (“AHCT”) approved [REDACTED] (“The Appellant”) application for his son, [REDACTED] (“The Applicant”)’s CHIP (“Children’s Health Insurance Plan”)/Husky B healthcare coverage, with an effective date of [REDACTED].

On [REDACTED], The Appellant requested a hearing to contest the effective date of CHIP/Husky B benefits.

On [REDACTED] the Office of legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for [REDACTED]

On [REDACTED], in accordance with sections 17b-60, 17b-264 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, Title 45 Code of Federal Regulations (“CFR”) § 155.505(b) and 155.510 and/or 42 CFR § 457.1130, OLCRAH held an administrative hearing. The following individuals participated in the hearing by telephone:

[REDACTED], Cousin and Authorized Representative for the Appellant, [REDACTED]  
[REDACTED]

Debra Henry, Health Insurance Exchange Access Health CT Representative  
Maureen Foley-Roy, Hearing Officer

The hearing officer held the hearing record open with the agreement of the Appellant for the submission of additional evidence. The record closed on [REDACTED].

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether AHCT correctly determined the effective date of the CHIP/Husky B healthcare insurance.

### **FINDINGS OF FACT**

1. On [REDACTED], AHCT received an unsigned application for family health coverage from the Appellant. (Exhibit 8: Application, Exhibits 2,3,4: Missing Information/Reminder Notice))
2. On [REDACTED] AHCT sent the Appellant a missing signature form advising him to sign it and return it as soon as possible. (Exhibit 3: Missing Signature form)
3. On [REDACTED], AHCT sent the Appellant a missing information notice requesting clarification of immigration status for his family. The notice advised the Appellant to complete and return an application form by [REDACTED] 2018. (Exhibit 2: Missing Information Notice)
4. On [REDACTED], AHCT sent the Appellant a Reminder notice regarding missing information. ( Exhibit 4: Reminder notice)
5. On [REDACTED], AHCT received the signed signature form. (Exhibit 9: Case Notes)
6. On [REDACTED], AHCT sent the Appellant a missing information notice stating that he must advise them about himself and his family. The notice advised him that the best way to do this was to telephone the call center. (Exhibit 5: Missing Information Notice dated [REDACTED] 2018)
7. On [REDACTED] a relative of the Appellant's contacted the call center but they would not speak to her because she had not been identified as an authorized representative. (Exhibit 9)
8. On [REDACTED], the Appellant's son had a chest X ray required for him to enroll in school. The Appellant is requesting HUSKY B medical coverage to cover that expense. (Hearing request)

9. On [REDACTED], the relative identified in FOF #7 was added to the Appellant's case as an authorized representative. (AHCT representative's testimony and Exhibit 9)
10. On [REDACTED], AHCT received the immigration information necessary to process the Appellant's application and grant medical assistance HUSKY B band 2 for the Appellant's child with an effective date of [REDACTED]. (Exhibit 9 and Exhibit 7: Application Results Notice dated [REDACTED])
11. On [REDACTED], AHCT sent the Appellant a notice advising that the Appellant's son qualified for HUSKY B Band 2 and would have a premium of \$30 monthly. The notice also advised that the Appellant would need to make the first premium payment to start the coverage and that a bill would be sent. The notice advises not to send money or checks to AHCT. (Exhibit 7)
12. On [REDACTED], the Appellant contacted AHCT because HUSKY had advised him that they had received his premium payment on [REDACTED] but the child was not showing active on their system. AHCT advised the Appellant to give it a few days to reflect him as active. (Exhibit 9)
13. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED]. Therefore, this decision is due not later than [REDACTED], [REDACTED]. However, the hearing record, which had been anticipated to close on [REDACTED], did not close until [REDACTED]. The hearing officer and the Appellant agreed to extend the closing of the hearing record in an effort to obtain the application sent by the client and the call logs. Because of this 7 day delay in the close of the hearing record arose from the Appellant's time frame in submitting evidence she wished to be considered, the final decision was not due until [REDACTED], and is therefore timely.

### **CONCLUSIONS OF LAW**

1. Section 17b-260 of the Connecticut General Statutes ("CGS") provides for acceptance of federal grants for medical assistance. The Commissioner of Social Services is authorized to take advantage of the medical assistance programs provided in Title XIX, entitled "Grants to States for Medical Assistance Programs", contained in the Social Security Amendments of 1965 and may administer the same in accordance with the requirements provided therein, including the waiving, with respect to the amount paid for medical care, of provisions concerning recovery from beneficiaries or their estates, charges and recoveries against legally liable relatives, and liens against property of beneficiaries.

2. Section 17b-264 of the CGS provides for the extension of other public assistance provisions. All of the provisions of sections 17b-22, 17b-75 to 17b-77, inclusive, 17b-79 to 17b-83, inclusive, 17b-85 to 17b-103, inclusive, and 17b-600 to 17b-604, inclusive, are extended to the medical assistance program except such provisions as are inconsistent with federal law and regulations governing Title XIX of the Social Security Amendments of 1965 and sections 17b-260 to 17b-262, inclusive, 17b-264 to 17b-285, inclusive, and 17b-357 to 17b-361, inclusive
3. Title 45 of the Code of Federal Regulations (“CFR”) § 155.505(c)(1) provides that Exchange eligibility appeals may be conducted by a State Exchange appeals entity or an eligible entity described in paragraph (d) of this section that is designated by the Exchange, if the Exchange establishes an appeals process in accordance with the requirements of this subpart.
4. 45 CFR § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).
5. 45 CFR § 155.110(a)(2) provides that the State may elect to authorize an Exchange established by the State to enter into an agreement with an eligible entity to carry out one or more responsibilities of the Exchange. Eligible entities are: the State Medicaid agency, or any other State agency that meets the qualification of paragraph (a)(1) of this section.
6. 45 CFR § 155.3052(d) provides for Eligibility for CHIP. The Exchange must determine an applicant eligible for CHIP if he or she meets the requirements of 42 CFR § 457.310 through § 457.320 and has a household income, as defined in 42 CFR § 435.603(d), at or below the applicable CHIP MAGI-based income standard.
7. 42 CFR 457.340 (f) provides for Effective date of eligibility. A State must specify a method for determining the effective date of eligibility for CHIP, which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between CHIP and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage.
8. The Department failed to specify a method for determining the effective date of eligibility for the Appellant’s HUSKY B CHIP Band 1.

### **DISCUSSION**

The Appellant submitted an application in [REDACTED] and neglected to sign it. AHCT sent him a signature form which the Appellant did sign it and returned to AHCT in [REDACTED]. The Appellant also neglected to include the correct immigration information on the form. It is noted that the Appellant does not speak English and the

case was complicated in that he did not understand what was being asked of him and did not have a mechanism to respond to AHCT in English until his cousin was added as the authorized representative. He showed a good faith effort to cooperate and provide the required information. In [REDACTED], all of the information was received and AHCT found the Appellant's child eligible for HUSKY B with a \$30 monthly premium effective [REDACTED]. The Appellant provided a signed application in [REDACTED] and provided outstanding information as soon as possible. As there are no regulations regarding the effective date of HUSKY B, the Appellant is found eligible for HUSKY B effective [REDACTED] provided that he pays the required premium for that month.

### **DECISION**

The Appellant's appeal is **GRANTED**.

### **ORDER**

1. The Department will grant the HUSKY B CHIP for the Appellant's son for the retroactive month [REDACTED] 2018 and give the Appellant the opportunity to pay the premium and obtain coverage for that month.
2. Compliance with this order will be forwarded to the undersigned no later than [REDACTED], 2019.



Maureen Foley-Roy  
Fair Hearings Officer

Pc: Becky Brown, Access Health CT  
Mike Tower, Access Health CT  
Debra Henry, Access Health CT

## APTC/CSR

### Right to Appeal

For APTC or CSR eligibility determinations, the Appellant has the right to appeal to the United States Department of Health and Human Services (HHS) within 30 days of the date of this decision. To obtain an Appeal Request Form, go to <https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/> or call 1-800-318-2596 (TTY: 1-855-889-4325). HHS will let the Appellant know what it decides within 90 days of the appeal request. There is no right to judicial review of the decision by HHS.

There is no right to request reconsideration for denials or reductions of Advanced Premium Tax Credits (APTC) or Cost Sharing Reduction (CSR).

## MEDICAID AND CHIP

### Right to Request Reconsideration

For denials or reductions of MAGI Medicaid and CHIP, the appellant has the right to file a written reconsideration request within 15 days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a(a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105-3725.

There is no right to request reconsideration for denials or reductions of Advanced Premium Tax Credits (APTC) or Cost Sharing Reduction (CSR).

### Right to Appeal

For denials, terminations or reductions of MAGI Medicaid and CHIP eligibility, the appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The **45** day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than **90** days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or his designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.

