

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06106-5033

██████████ 2019
Signature Confirmation

Client ID ██████████
Request #136785

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 6, 2019, the Health Insurance Exchange, Access Health CT (“AHCT”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) granting her application for medical benefits for children under the HUSKY A and HUSKY D Medicaid effective ██████████ 2019.

On ██████████, 2019, the Appellant requested an administrative hearing because she was not able to get access to such medical benefits for her children.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2019.

On ██████████ 2019 in accordance with sections 17b-60, 17-61 and 4-176e to 4-184 inclusive, of the Connecticut General Statutes, and 45 C.F.R. §§ 155.505 (b) and 155.510 OLCRAH held an administrative hearing.

The following individuals participated in the hearing:

██████████, Appellant
Cathy Davis, Department’s Representative
Swati Sehgal, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Access Health's grant of HUSKY A HUSKY D Medicaid was correct.

FINDINGS OF FACT

1. On [REDACTED], 2019, the AHCT processed a change in Health Insurance Exchange ("HIX") system. (Hearing Summary)
2. The Appellant requested health coverage for her two years old child [REDACTED] Exhibit 5: Application Print Out; application ID [REDACTED])
3. The Appellant requested health coverage for [REDACTED] years old [REDACTED], who is under her guardianship. (Exhibit 5)
4. On [REDACTED] 2019, AHCT granted Husky A coverage for [REDACTED] effective [REDACTED] 2019. (Hearing Summary, Exhibit 4: Eligibility Results)
5. On [REDACTED] 2019, AHCT granted Husky D coverage for [REDACTED] effective [REDACTED] 2019. (Hearing Summary, Exhibit 4: Eligibility Results)
6. On [REDACTED], 2019, AHCT issued a notice informing the Appellant that Health Insurance for [REDACTED] and [REDACTED] was granted under Husky A and Husky D Medicaid respectively effective [REDACTED] 2019. (Exhibit 2: Notice 1301; [REDACTED])
7. The Applicant has been unable to access medical benefits for her children; they have not been able to receive medical coverage for any Medicaid services. (Appellant's Testimony)
8. 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], 2019. Therefore, this decision was due no later than [REDACTED] 2019, and is therefore timely.

CONCLUSIONS OF LAW

1. Sec. 17b-260. (Formerly Sec. 17-134a). 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. Sec. 17b-260. (Formerly Sec. 17-134a). 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.
3. 45 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. 42 C.F.R. §435.118 provides the agency must provide Medicaid to children under age 19 whose household income is at or below the income standard established by the agency in its State plan, in accordance with paragraph (c) of this section.
7. The AHCT correctly granted HUSKY A for the Appellant's child [REDACTED].
8. 42 C.F.R. §435.119 provides the agency must provide Medicaid to individuals who: (1) Are age 19 or older and under age 65; (2) Are not pregnant; (3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in

accordance with subpart B of this part; and (5) Have household income that is at or below 133 percent FPL for the applicable family size.


9. AHCT correctly granted HUSKY D for the [REDACTED]
10. Access Health CT correctly determined that the Appellant's children were eligible for Husky A and Husky D effective [REDACTED] 2019.

DISCUSSION

The Health Insurance Exchange; Access Health CT granted the Appellant's application for medical coverage for her children in timely manner, and issued an appropriate notice informing the Appellant of such grant. The Appellant's argument is that although the medical coverage is granted she is not able to receive any medical services for her children. The AHCT stated that the Department's eligibility system, Impact reflects that children are active on Medicaid effective [REDACTED] 2019. The Appellant is advised to contact the Department of Social Services' benefit center to seek guidance.

DECISION

The Appellant's appeal is **DENIED**


Swati Sehgal
Hearing Officer

Cc: Health Insurance Exchange; 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 Primary 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.

There is no right to request reconsideration for denials or reductions of Advanced Primary 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 Ave, 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.

