

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

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

Case ID # ██████████
Client ID # ██████████
Hearing Request # 139654

NOTICE OF DECISION
PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Health Insurance Exchange Access Health CT (“AHCT”) approved ██████████ (“the Appellant”) application for CHIP (“Children’s Health Insurance Plan”)/Husky B healthcare coverage for his minor child with an effective date of ██████████ 2019.

On ██████████ 2019, the Appellant requested a hearing to contest the effective date of CHIP/Husky B benefits.

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, 17b-264 and 4-176e to 4-184, 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:

██████████ the Appellant
Krystal Sherman-Davis, AHCT Representative
Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether AHCT correctly determined the effective date of the CHIP/Husky B healthcare coverage for the Appellant's minor child.

FINDINGS OF FACT

1. On [REDACTED] 2018, the Appellant's Husky B/Chip coverage for his minor child ended for failure to complete the redetermination process. (Hearing summary; Testimony)
2. On [REDACTED] 2019, AHCT received a telephone change reporting application from the Appellant. (Exhibit 5: Application summary; Hearing summary)
3. On [REDACTED] 2019, AHCT granted the Appellant's minor child Husky B – Band 2 coverage for the period of [REDACTED] 2019 to [REDACTED], 2020. (Exhibit 3: Notice of grant)
4. On [REDACTED] 2019, the Appellant requested an administrative hearing. (Record)
5. The Appellant's minor child incurred a medical bill at the end of [REDACTED] 2018. The Appellant is requesting HUSKY B medical coverage to cover that expense. (Appellant's testimony)
6. 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] [REDACTED] 2019. Therefore, this decision was due no later than [REDACTED] 2019.

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 CFR § 155.110(a) 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: (2) The State Medicaid agency or any other State agency that meets the qualification of paragraph (a)(1) of this section.
4. Title 45 of the CFR § 155.305 (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.
5. Title 45 of the CFR § 155.505(c) provides that Exchange eligibility appeals may be conducted by (1) 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.
6. Title 45 of the CFR § 155.505(d) provides eligible entities that an appeals process established under this subpart must comply with § 155.110(a).
7. Title 42 of the CFR 435.915 (a) provides the agency must make eligibility for Medicaid effective no later than the third month before the month of application if the individual – (1) Received Medicaid services, at any time during that period, of a type covered under the plan; and (2) Would have been eligible for Medicaid at the time he received the services if he had applied (or someone had applied for him), regardless of whether the individual is alive when the application for Medicaid is made.

Title 42 of the CFR 435.915 (b) provides the agency may make eligibility for Medicaid effective on the first day of a month if an individual was eligible at any time during that month.

The Appellant's minor child last received Husky B coverage in [REDACTED] 2018.

The third month before the month of application is [REDACTED] 2018. The Appellant is requesting coverage for [REDACTED].

AHCT correctly determined the effective date of eligibility for the child's HUSKY B CHIP Band 2 to be [REDACTED] 2019.

DECISION

The Appellant's appeal is denied.

Christopher Turner

Christopher Turner
Hearing Officer

Pc: Becky Brown, Access Health CT
Mike Towers, Access Health CT
Krystal Sherman-Davis, 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, law, and 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 the 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, if 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.