

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

Application ID # ██████████
Hearing Request # 146256

NOTICE OF DECISION

PARTY

██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Health Insurance Exchange Access Health CT (“AHCT”) issued a Notice of Action (“NOA”) to ██████████, (the “Appellant”) granting Medicaid Husky A coverage, effective ██████████ 2019, for herself and two children.

On ██████████, 2019, the Appellant requested a hearing to contest the effective date of her Medicaid HUSKY A coverage.

On ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative hearings (“OLCRAH”) issued a notice scheduling an administrative hearing for ██████████, 2019, @ 9:00 AM.

On ██████████, 2019, in accordance with sections 17b-60, 17b-264 and 4-176e to -189, inclusive, of the Connecticut General Statutes, Title 45 Code of Federal Regulations (“CFR”) § 155.505(b) and 155.510 and/or 42 CFR § 457.113, OLCRAH held an administrative hearing by telephone.

The following individuals participated in the hearing by telephone:

██████████, Appellant
Cathy Davis, Access Health CT Representative
Miklos Mencseli, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant is eligible for Medicaid retro coverage for the month of [REDACTED] 2019.

FINDINGS OF FACT

1. On [REDACTED], 2019, the Appellant submitted an application (ID# [REDACTED]) to Access Health; Health Insurance Exchange for Husky A coverage for herself and two children ([REDACTED]) (Exhibit 4: Application # [REDACTED])
2. On [REDACTED], 2019, AHCT granted the Appellant and her two children Husky A Medicaid coverage effective for [REDACTED], 2019. (Exhibit 2: 1301 notice dated [REDACTED]-19, Exhibit 3: Eligibility Determination results printout)
3. The Appellant had previously been active Husky A Medicaid for herself and her two children. On [REDACTED], 2019, the Appellant's Husky A Medicaid discontinued. (Exhibit 5: 1326 notice dated [REDACTED]-19 discontinuing coverage for [REDACTED]-19)
4. The Appellant was unaware her coverage was discontinued. (Appellant's Testimony)
5. AHCT sent the 1326 notice to the Appellant's correct address. (Exhibit 5, AHCT Testimony, Appellant Testimony)
6. On [REDACTED], 2019, the Appellant took one of her children to the ICU due to his asthma. The child hospitalized from [REDACTED], 2019, through [REDACTED], 2019. (Appellant's Testimony)
7. On that date, the Appellant became aware she did not have medical coverage. (Appellant's Testimony)
8. The Appellant is seeking Husky A Medicaid coverage for [REDACTED] 2019. (Appellant's Testimony)
9. 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 is due not 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 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. The agency must provide Medicaid to parents and other caretaker relatives, as defined in 42 C.F.R. § 435.4, and, if living with such parent or other caretaker relative, his or her spouse, whose household income is at or below the income standard established by the agency in the State plan, in accordance with paragraph (c) of this section. 42 C.F.R. § 435.110 (b).
7. Effective January 1, 2014, 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 [Federal Poverty Level] for the applicable family size. 42 C.F.R. § 435.119 (b).
8. 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: (1) An entity: (i) Incorporated under, and subject to the laws of, one or more States; (ii) That has demonstrated experience on a State or regional basis in the individual and small group health insurance markets and in benefits coverage; and (iii) Is not a health insurance issuer or treated as a health insurance issuer under subsection (a) or (b) of section 52 of the Code of 1986 as a member of the same controlled group of corporations (or under common control with) as a health insurance issuer; or (2) The State Medicaid agency, or any other State agency that meets the qualifications of paragraph (a)(1) of this section. 45 C.F.R. § 155.110 (a).
- “The department’s uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law.” *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Maintenance*, 214 Conn. 601, 573 A.2d (1990)).
9. Uniform Policy Manual (UPM) § 1560.10 (A) provides for begin dates of Medicaid Assistance. The beginning date of assistance for Medicaid may be one of the following: the first day of the first, second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services are received at any time during that particular month.
10. The Appellant had previously been eligible and receiving Husky A.
11. The Appellant applied for Husky A Medicaid on [REDACTED] 2019.
12. AHCT did not make a determination of retro Medicaid eligibility for the Appellant regarding the month of [REDACTED] 2019.

DISCUSSION

The Appellant may be eligible for Husky A Medicaid for the month of [REDACTED] 2019 if she meets all the eligibility requirements for retro Medicaid. There is no indication that AHCT made such determination.

DECISION

The Appellant’s appeal is Granted.

COMPLIANCE

1. AHCT shall screen, process and make a determination of eligibility for Husky A Medicaid program for the Appellant for the month of [REDACTED] 2019.
2. Proof of compliance with this order shall be sent to the undersigned no later than [REDACTED] 2019.


Miklos J. Mencseli
Fair Hearings Officer

C: Cathy Davis, Health Insurance Exchange Access Health CT
Becky Brown, Health Insurance Exchange, Access Health CT
Mike Towers, 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, 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: Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 25 Sigourney Street, Hartford, CT 06106.

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, 25 Sigourney Street, Hartford, CT 06106. 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.

