

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 # ██████████  
Hearing Request # 146763

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████, 2019, the Health Insurance Exchange Access Health CT (“AHCT”) sent ██████████, (“The Appellant”) a Notice of Action denying Medicaid/Husky D healthcare coverage.

On ██████████, 2019, The Appellant requested a hearing to contest the denial of Medicaid/Husky D 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 4-189, 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 were present at the hearing:

██████████, Appellant  
Debra Henry, Health Insurance Exchange Access Health CT Representative  
Marci Ostroski, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether AHCT correctly denied the Medicaid/Husky D healthcare insurance.

## **FINDINGS OF FACT**

1. The Appellant has been a recipient of Medicare A and Medicare B since 2003. (Appellant's testimony)
2. On [REDACTED], 2019, Access Health; Health Insurance Exchange processed an online redetermination form on behalf of the Appellant and her son. The Appellant had previously been covered under the HUSKY A Parents and Caretakers Medicaid program which had been discontinued when her son turned 19. (Ex. 1: Application [REDACTED], Hearing Summary, Department's testimony).
3. On [REDACTED], 2019, AHCT sent a Notice to the Appellant denying HUSKY D Medicaid for Low Income Adults because she was receiving Medicare. The Notice informed the Appellant she may be eligible to receive HUSKY C Medicaid for Elderly, Blind, or Disabled and gave information on how to apply for the HUSKY C program. (Ex. 3: Notice of Action dated [REDACTED] 19)
4. 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. This decision, therefore, was due no later than [REDACTED], 2019. (Hearing Record)

## **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) 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: (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.
6. 42 CFR § 435.119 provides that Medicaid health coverage is available for individuals age 19 or older and under age 65 at or below 133 percent of the Federal Poverty Limit (“FPL”).

(b). Eligibility. 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 the 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.
7. The Appellant is entitled to and enrolled in Medicare benefits under part A and B.
  8. The Department was correct to deny HUSKY D/Medicaid for the Appellant.

### **DISCUSSION**

The federal regulations provide that the HUSKY D Medicaid program, administered through AHCT, is not available to individuals that are currently enrolled or eligible for Medicare. The Appellant is encouraged to pursue the HUSKY C Medicaid application with the Department of Social Services that she discussed during the administrative hearing.

### **DECISION**

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

  
\_\_\_\_\_  
Marci Ostroski  
Fair Hearings Officer

CC: Debra Henry, Becky Brown, Mike Towers, Conduent

**Modified Adjusted Gross Income (MAGI) Medicaid and  
Children's Health Insurance Program (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.

**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 extensions 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.