

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL REGULATION AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105-3730

██████████ 2021  
Signature Confirmation

Case ID # ██████████  
Client ID # ██████████  
Request ID # 174475

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2021, the Health Insurance Exchange, Access Health CT (“AHCT”) sent ██████████ (the “Appellant”) a notice of action denying her application for medical assistance.

On ██████████ 2021, the Appellant requested an administrative hearing to contest AHCT’s deny such benefits.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2021.

On ██████████ 2021, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive of the Connecticut General Statutes, OLCRAH held an administrative hearing by telephonic conferencing.

The following individuals participated in the hearing:

██████████, Appellant’s Spouse  
Cathy Davis, AHCT’s Representative  
Christopher Turner, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the AHCT's denial of the Appellant's Medicaid application due to citizenship status was correct.

## **FINDING OF FACTS**

1. On [REDACTED] 2021, AHCT completed a change reporting application through the Health Insurance Exchange for the Appellant. (Exhibit 4: Application; Hearing summary)
2. On [REDACTED] 2021, AHCT sent the Appellant a notice indicating the Appellant's spouse was ineligible for Medicaid due to his citizenship status. (Exhibit 2: Notice; hearing summary)
3. The Appellant's household is comprised of two adults and five children. (Exhibit 3; Spouses' testimony)
4. The Appellant did not request medical coverage. (Record; Spouses' testimony)
5. The Appellant's spouse is not a United States citizen nor a legal permanent resident. His INS status is in pending status. (Record; Appellant's testimony)

## **CONCLUSIONS OF LAW**

1. Connecticut General Statutes ("Conn. Gen. Stat.") § 17b-2 provides that the Department of Social Services is designated as the state agency for the administration of (6) the Medicaid program pursuant to Title XIX of the Social Security Act.

Conn. Gen. Stat. § 17b-260 provides 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.

Conn. Gen. Stat. § 17b-264 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.

**The Department has the authority to review the Appellant's application for Husky A and determine whether her household meets the program's eligibility requirements.**

2. Title 45 of the Code of Federal Regulations ("C.F.R.") § 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.

45 C.F.R. § 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.

45 C.F.R. § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).


**AHCT acted within its authority to review the Appellant's HUSKY A/Medicaid application to determine whether she and her husband met the eligibility requirements of the HUSKY A/Medicaid program.**

3. 42 C.F.R. § 436.406(a) provides the agency must provide Medicaid to otherwise eligible individuals who are - (1) Citizens and nationals of the United States, provided that - (i) The individual has made a declaration of United States citizenship, as defined in §435.4, or an individual described in paragraph (a)(3) of this section; and (ii) For purposes of the declaration and citizenship verification requirements discussed in paragraphs (a)(1)(i) of this section, an individual includes applicants under a section 1115 demonstration (including a family planning demonstration project) for which a State receives Federal financial participation in its expenditures.

**The Appellant's spouse is an individual who has not made a declaration of United States citizenship and is considered a non-citizen without qualifying legal status and, as a result, is ineligible for Medicaid.**

**DECISION**

The Appellant's appeal is denied.

  
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Christopher Turner  
Hearing Officer

Cc: Becky Brown, Health Insurance Exchange, Access Health CT  
Mike Towers, Health Insurance Exchange, Access Health CT  
Cathy Davis, AHCT Representative

### **RIGHT TO REQUEST RECONSIDERATION**

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.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to the 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, 165 Capitol Avenue, 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 under §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.