

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS & ADMINISTRATIVE HEARINGS
55 Farmington Avenue, 11th Floor
HARTFORD, CT 06105-3725**

[REDACTED], 2021
Signature Confirmation

Client ID# [REDACTED]
Request # [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED], 2021, the Health Insurance Exchange Access Health CT (“AHCT”) sent [REDACTED] a Notice of Updated Health Care Application stating that [REDACTED] (“the Appellant”) HUSKY D Medicaid for Low Income Adults (“LIA”) benefits were being discontinued effective [REDACTED] 2021.

On [REDACTED] 2021, the Appellant requested an administrative hearing to contest the Department’s decision to discontinue medical assistance.

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

On [REDACTED], 2021, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

[REDACTED], the Appellant
Alberto Gonzalez, Interpreter
Sabrina Solis, Appeals Coordinator, AHCT’s representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's HUSKY D Medicaid assistance effective [REDACTED], 2021.

FINDINGS OF FACT

1. On [REDACTED], 2020, the Appellant entered the United States as a legal permanent resident. (Appellant's testimony)
2. The Appellant is not an asylee, refugee, Cuban or Haitian entrant, Amerasian immigrant, veteran legally residing in the state or on active duty or the spouse or dependent of such person, a victim of human trafficking, a Native American born in Canada or a Native American in a federally recognized tribe, a person whose deportation has been withheld, an Iraqi or Afghan Special Immigrant or family member within the first eight (8) months of arrival in the United States; or a member of the Hmong or Highland Laotian Tribe during the Viet Nam era. (Hearing record)
3. The Appellant does not have a disability. (Exhibit 1: Application information dated [REDACTED] 21)
4. The Appellant does not receive Supplemental Security Income (SSI). (Exhibit 1)
5. The Appellant is 59 years old. (Appellant's testimony)
6. The Appellant is not a United States citizen. (Hearing summary and Appellant's testimony)
7. On [REDACTED], 2021, the Department discontinued the Appellant's HUSKY D Medicaid assistance effective [REDACTED] 2021, because she did not meet the citizenship or age requirements. (Exhibit 2: Notice of Updated Healthcare Application dated [REDACTED] and hearing summary)

CONCLUSIONS OF LAW

1. Federal law provides that qualified aliens who are legal permanent residents, conditional entrants, parolees for at least one year and also battered persons who have established a prima facie case or have an approved petition, may be eligible for Medicaid if they meet the financial and categorical eligibility requirements of Medicaid and if they have lived in the United States for at least five years. 8 U.S.C. §§ 1612, 1613, 1641.
2. Federal law provides that qualified aliens who receive SSI or who are asylees, refugees, Cuban or Haitian entrants, Amerasian immigrants or persons whose deportation has been withheld, and also veterans legally residing in the state or on active duty or the spouses or dependents of such persons, victims of human

trafficking, Native Americans born in Canada or who are in a federally recognized tribe, Iraqi or Afghan Special Immigrants or family members within the first eight (8) months of arrival in the United States and members of the Hmong or Highland Laotian Tribe during the Viet Nam era may be eligible for Medicaid without having lived in the United States for at least five years. 8 U.S.C. §§ 1612, 1613, 1641.

3. Federal law provides that individuals who are pregnant or under 21 years old may be eligible for Medicaid, regardless of their category of non-citizen status. 42 U.S.C. § 1396b(v)(4).

AHCT correctly determined that the Appellant is not an asylee, refugee, Cuban or Haitian entrant, Amerasian immigrant, veteran legally residing in the state or on active duty or the spouse or dependent of such person, a victim of human trafficking, a Native American born in Canada or a Native American in a federally recognized tribe, a person whose deportation has been withheld, an Iraqi or Afghan Special Immigrant or family member within the first eight (8) months of arrival in the United States, a member of the Hmong or Highland Laotian Tribe during the Viet Nam era, under twenty-one years of age, pregnant, or receiving SSI benefits, she is not eligible for Medicaid.

AHCT correctly determined that the Appellant is a legal permanent resident who has lived in the United States for less than five years.

AHCT correctly determined that the Appellant does not meet the criteria to qualify for Medicaid as a qualified non-citizen that is not subject to the five-year residency requirement.

On [REDACTED] 2021, AHCT correctly discontinued the Appellant's HUSKY D medical assistance benefits.

DECISION

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

Roberta Gould
Hearing Officer

CC: Becky Brown, AHCT
Mike Towers, AHCT
Sabrina Solis, AHCT

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 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 Administrative Hearings and Appeals, 55 Farmington Avenue Hartford, CT 06105.

RIGHT TO APPEAL

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, 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 the Commissioner's 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.