

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

██████████ 2022  
Signature Confirmation

Case ID # ██████████  
Client ID # ██████████  
Request # 186593

NOTICE OF DECISION

PARTY

██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2021, the Health Insurance Exchange, Access Health CT (“AHCT”) approved ██████████ (the “Appellant”) application for the Children’s Health Insurance Program (“CHIP”) Husky B Healthcare coverage with an effective date of ██████████ 2021, for her newborn daughter (“child”) born ██████████ 2021.

On ██████████ 2021, the Appellant requested an administrative hearing to contest the effective date of Husky B coverage for her child.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2022.

On ██████████ 2022, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2022.

On ██████████ 2022, OLCRAH, at the Appellant’s request, issued a notice rescheduling the administrative hearing for ██████████ 2022.

On ██████████ 2022, in accordance with sections 17b-60, 17b-264 and 4-176e to 4-184, inclusive, of the Connecticut General Statutes, (Medicaid/HUSKY A,D), Title 45 Code of Federal Regulations (“C.F.R.”) §§ 155.510 (APTC/CSR) and/or 42 C.F.R. § 457.1130 (HUSKY B), OLCRAH held an administrative hearing by telephone.

The following individuals participated in the hearing:

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

### **STATEMENT OF THE ISSUE**

The issue is whether AHCT correctly determined the Husky B effective date for the Appellant's child.

### **FINDINGS OF FACT**

1. On ██████████ 2021, the Appellant submitted a change reporting application to AHCT. (Exhibit 3: Application)
2. On ██████████ 2021, AHCT sent the Appellant a notice confirming her health care application was updated and indicated Husky B coverage for her child was granted effective ██████████ 2021. (Exhibit 1: Application Results Notice)
3. The Appellant's household consists of two adults and three children. All household members are U.S. Citizens. (Exhibit 3; Appellant's testimony)
4. The Appellant is seeking medical coverage effective ██████████ 2021 for her child. (Appellant's testimony)
5. The issuance of this decision is timely under Connecticut General Statutes (Conn. Gen. Stat.) 17b-61(a), which requires that a decision be rendered within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on ██████████ 2021, with the decision due no later than ██████████ 2022. However, the time for rendering a final decision shall be extended whenever the aggrieved person requests or agrees to an extension, or when the commissioner documents an administrative or other extenuating circumstance beyond the commissioner's control. In the present case, the Appellant was granted two extensions that lengthened the due date by █ days, with this decision due no later than ██████████ 2022. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. Conn. Gen. Stat. § 17b-2 provides 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 for the 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.

Conn. Gen. Stat. § 17b-264 provides that 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 administer and determine eligibility for the Medicaid program.**

2. 45 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. § 155.305 (d) provides eligibility for the 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

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 is the Department's designated state entity to administer the Health Insurance Exchange program.**

**AHCT acted within its authority to determine whether the Appellant's child meets the eligibility requirements of the HUSKY B program.**

3. Conn. Gen. Stat. § 17b-292 (d) provides A newborn child who otherwise meets the eligibility criteria for HUSKY B shall be eligible for benefits retroactive to his or her date of birth, provided an application is filed on behalf of the child not later than thirty days after such date. Any uninsured child born in a hospital in this state or in a border state hospital shall be enrolled on an expedited basis in HUSKY B, provided (1) the parent or caretaker relative of such child resides in this state, and (2) the parent or caretaker relative of such child authorizes enrollment in the program.

42 C.F.R. § 435.117 (b) (3) provides for deemed newborn children. The child is deemed to have applied and been determined eligible under the Medicaid State plan effective as of the date of birth and remains eligible regardless of changes in circumstances until the child's first birthday, unless the child dies or ceases to be a resident of the State or the child's representative requests a voluntary termination of eligibility.

42 C.F.R. § 457.340 (g) provides for the effective date of eligibility. A State must specify a method for determining the effective date of eligibility for CHIP, which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between CHIP and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage.

**AHCT incorrectly determined the effective date of eligibility for her child. The correct date of eligibility for the Appellant's child is [REDACTED] 2021.**

**DISCUSSION**

The reason for a [REDACTED] 2021, effective date of Husky B eligibility for the Appellant's newborn as determined by AHCT is not clear. No detailed explanation was provided as to why [REDACTED] 2021, is not the child's correct date of eligibility as state and federal regulations provide.

**DECISION**

The Appellant's appeal is granted.

**ORDER**

1. The Department (AHCT) is instructed to grant Husky B for her child effective [REDACTED] 2021.
2. Compliance with this order is due no later than [REDACTED] 2022, and will consist of a copy of the Appellant's notice of grant.

Christopher Turner  
Christopher Turner  
Hearing Officer

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

**Advanced Premium Tax Credits (APTC) or Cost Sharing Reduction (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).

**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, 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 the 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 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, 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 to 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 her designee following §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.