

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105**

[REDACTED] 2022
Signature confirmation

Case: [REDACTED]
Client: [REDACTED]
Request: 189449

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2022, Access Health CT (“AHCT”), Connecticut’s Health Insurance Exchange, notified [REDACTED] (the “Appellant”) that her HUSKY-A Parents & Caretakers medical coverage would end effective [REDACTED] 2022.

On [REDACTED] 2022, the Office of Legal Counsel, Regulations and Administrative Hearings (“OLCRAH”) received the Appellant’s [REDACTED] 2022 postmarked hearing request.

On [REDACTED], 2022, the OLCRAH scheduled an administrative hearing for [REDACTED] 2022. The OLCRAH granted the Appellant’s request for a postponement.

On [REDACTED] 2022, 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 (“C.F.R.”) §§ 155.505 (b) and 155.510 and/or 42 C.F.R. § 457.1130, the OLCRAH held an administrative hearing by conference call. The following individuals participated:

[REDACTED], Appellant
Debra Henry, AHCT Representative
Eva Tar, Hearing Officer

The hearing record closed [REDACTED], 2022.

STATEMENT OF ISSUE

The issue is whether AHCT correctly determined that the Appellant was ineligible to receive medical coverage under the HUSKY-A Parents & Caretakers coverage group effective [REDACTED] 2022.

FINDINGS OF FACT

1. The Appellant and her daughter [REDACTED] (dob [REDACTED]) (the "daughter") live together; there are no other individuals living with the Appellant. (Appellant Testimony)
2. The daughter attends [REDACTED] (Appellant Testimony)
3. The daughter is expected to graduate from high school in [REDACTED] 2022. (Appellant Testimony)
4. Prior to the daughter turning [REDACTED] [REDACTED] old, the Appellant received HUSKY-A Parents & Caretakers coverage as the eligible parent of a minor child. (AHCT Representative Testimony) (AHCT Exhibit 2)
5. On [REDACTED] 2022, AHCT issued correspondence to the Appellant asserting that the Appellant was ineligible to receive medical coverage under the HUSKY-A Parents & Caretakers coverage group effective [REDACTED] 2022 identifying as the reason for termination that her household no longer contained a dependent child in high school full-time under the age of 19 years. (AHCT Exhibit 2)
6. On [REDACTED] 2022, AHCT discontinued the Appellant's health coverage under the HUSKY-A Parents & Caretakers coverage group effective [REDACTED] 2022. (AHCT Exhibit 2)
7. On [REDACTED] 2022, AHCT referred the Appellant's case to the Department of Social Services to review, as AHCT did not have the capability of approving the HUSKY-A Parents & Caretakers coverage group once a minor child turns 18 years old. (AHCT Representative Testimony)
8. As of [REDACTED] 2022, the Department of Social Services has not updated AHCT regarding the status of the Appellant's case. (AHCT Representative Testimony)
9. The hearing record is silent as to whether the Appellant's household continued to meet the income requirements of the HUSKY-A Parents & Caretakers coverage group following [REDACTED], 2022.
10. Connecticut General Statutes § 17b-61 (a) provides: "The Commissioner of Social Services or the commissioner's designated hearing officer shall ordinarily render a final decision not later than ninety days after the date the commissioner receives a request for a fair hearing pursuant to section 17b-60, ... , provided 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....”

On [REDACTED] 2022, the OLCRAH received the Appellant's January 26, 2022 postmarked hearing request which ordinarily would have required the issuance of this decision by [REDACTED] 2022. However, the Appellant received a 28-day postponement of the initial hearing date of [REDACTED] 2022, which further extended the deadline for the issuance of this decision by 28 days. Therefore, this hearing decision would have become due by [REDACTED] 2022. This final decision is timely.

CONCLUSIONS OF LAW

1. The Department of Social Services is the designated state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act. Conn. Gen. Stat. § 17b-2.

The Department of Social Services administers the Medicaid program in Connecticut.

2. Title 45, Section 155.110 (a) of the Code of Federal Regulations (“C.F.R.”) provides: 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 of Social Services has the authority to implement a Health Insurance Exchange.

3. Title 42, Section 435.4 of the Code of Federal Regulations in part provides the following definitions:

Caretaker relative means a relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care (as may, but is not required to, be indicated by claiming the child as a tax dependent for Federal income tax purposes), and who is one of the following -

- (1) The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.
- (2) The spouse of such parent or relative, even after the marriage is terminated by death or divorce.
- (3) At State option, another relative of the child based on blood (including those of half-blood), adoption, or marriage; the domestic partner of the parent or other caretaker relative; or an adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

Dependent child means a child who meets both of the following criteria:

- (1) Is under the age of 18, *or, at State option, is age 18 and a full-time student in secondary school (or equivalent vocational or technical training), if before attaining age 19 the child may reasonably be expected to complete such school or training.*
- (2) Is deprived of parental support by reason of the death, absence from the home, physical or mental incapacity, or unemployment of at least one parent, unless the State has elected in its State plan to eliminate such deprivation requirement. A parent is considered to be unemployed if he or she is working less than 100 hours per month, or such higher number of hours as the State may elect in its State plan.

42 C.F.R. § 435.4. (emphasis added)

The Appellant is a caretaker relative, as the definition for “caretaker relative” is provided at 42 C.F.R. § 435.4.

Through █████ 2022, the Appellant’s █████ year-old daughter is a dependent child, as the definition for “dependent child” is provided at 42 C.F.R. § 435.4.

4. Title 42, Section 435.110 of the Code of Federal Regulations addresses mandatory coverage of families and children, with respect to parents and other caretaker relatives. Subsection (b) of this section provides: “The agency must provide Medicaid to parents and other caretaker relatives, as defined in §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.”

AHCT has not established that the income of the Appellant’s household exceeds the program limits established by the State plan.

AHCT incorrectly determined that the Appellant was not eligible to participate in the HUSKY-A Parents & Caretakers coverage group effective █████ 2022.

AHCT must continue to pursue a correction or fix with the Department of Social Services to permit the Appellant’s coverage to continue under the HUSKY-A

Parents & Caretakers coverage group as an eligible parent of an ■-year-old expected to graduate from high school in ■ 2022.

DECISION

The Appellant's appeal is REMANDED to AHCT for further action.

ORDER

1. AHCT will continue to actively pursue a correction or fix of the Appellant's case with the Department of Social Services as to her medical coverage under the HUSKY-A for Parents & Caretakers coverage group.
2. Within 21 calendar days of the date of this decision, or ■ 2022, documentation of compliance with this order is due to the undersigned.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

cc: Debra Henry, AHCT
Becky Brown, AHCT
Mike Towers, 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 APTC or 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 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, 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 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.