

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

██████████ 2024
Signature confirmation

Case: ██████████
Client ██████████
Hearing: 229127

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
████████████████████

PROCEDURAL BACKGROUND

On ██████████ 2023, Access Health CT (“AHCT”), Connecticut’s Health Insurance Exchange, issued a *Notice of Action* denying ██████████ (the “Appellant”) ██████████ 2023 application for HUSKY-D/Medicaid coverage.

On ██████████, 2023, the Office of Legal Counsel, Regulations and Administrative Hearings (“OLCRAH”) received the Appellant’s ██████████ 2023 postmarked hearing request.

On ██████████, 2023, the OLCRAH scheduled the administrative hearing for ██████████, 2024.

On ██████████ 2024, in accordance with Connecticut General Statutes §§ 17b-60, 17b-264 and 4-176e to 4-189, inclusive, 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 telephone. The following individuals participated:

██████████, Appellant
Janisha Smith, AHCT Representative
Eva Tar, Hearing Officer

The hearing record closed ██████████ 2024.

STATEMENT OF ISSUE

The issue is whether AHCT correctly determined that the Appellant was ineligible to receive HUSKY-D/Medicaid coverage due to her enrollment in Medicare.

FINDINGS OF FACT

1. The Appellant receives \$1,696.00 per month in Social Security benefits. (Appellant Testimony) (AHCT Exhibit 1)
2. The Appellant has Medicare coverage. (Appellant Testimony) (AHCT Exhibit 3)
3. On [REDACTED], 2023, AHCT received the Appellant's HUSKY-D/Medicaid application. (AHCT Exhibit 1)
4. On [REDACTED] 2023, AHCT denied the Appellant's HUSKY-D/Medicaid application. (AHCT Exhibit 2)

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes authorizes the Commissioner of Social Services "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...."
2. Title 45 of the Code of Federal Regulations ("C.F.R.") § 155.110 (a) 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).
3. Title 42, Code of Federal Regulations Section 435.119 (b) provides:
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 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.42 C.F.R. § 435.119 (b). (*Emphasis added.*)

In [REDACTED] 2024, AHCT correctly determined that the Appellant was ineligible to receive HUSKY-D/Medicaid coverage as she received or was enrolled in Medicare benefits.

DISCUSSION

AHCT correctly determined that the Appellant was ineligible to receive HUSKY-D/Medicaid coverage as the Appellant is enrolled in the Medicare program.

The Appellant is encouraged to apply for the HUSKY-C program, a program that is for individuals who are 65 years or older and/or disabled. The HUSKY-C program is administered by the Department of Social Services.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

Pc: [REDACTED]
Becky Brown, AHCT
Mike Towers, AHCT
ctadministrativereview@conduent.com

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.