

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

██████████ 2024
Signature Confirmation

██████████
██████████
Request # 233706

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2024, the Health Insurance Exchange Access Health CT (“AHCT”) issued an Eligibility and Enrollment Notice of Action (“NOA”) to ██████████ (the “Appellant”) denying Medicaid/HUSKY A (“HUSKY A”) healthcare coverage because she and her spouse do not meet the eligible immigration status.

On ██████████ 2024, the Appellant requested a hearing to contest the denial of the HUSKY A coverage.

On ██████████, 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2024.

On ██████████ 2024, in accordance with sections 17b-60, 17b-264 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes (“Conn. Gen. Stat.”), Title 45 Code of Federal Regulations (“C.F.R.”) §§ 155.505(b) and 155.510 and/or 42 CFR § 457.1130, OLCRAH held a telephonic administrative hearing. The following individuals participated in the hearing:

██████████ Appellant
██████████ Appellant’s Interpreter

Vanessa Harrison, AHCT Representative
Carla Hardy, Hearing Officer

The hearing decision will be translated into [REDACTED] and mailed at a later date.

STATEMENT OF THE ISSUE

The issue to be decided is whether AHCT correctly denied the HUSKY A healthcare coverage for failing to meet the immigration requirements.

FINDINGS OF FACT

1. On [REDACTED] 2024, the Appellant applied for healthcare coverage for her household of three members including the Appellant, her spouse, and their minor child. (Exhibit 2: Application [REDACTED]/24)
2. The Appellant is 31 years old (DOB, [REDACTED]). Her spouse is 39 years old ([REDACTED]). (Appellant's Testimony)
3. The minor child is a United States citizen. (Exhibit 2)
4. The U.S. Citizenship and Immigration Services ("USCIS") approved the Appellant and her spouse for Temporary Protected Status ("TPS") from [REDACTED] 2023, to [REDACTED] 2024. (Exhibit 5: USCIS I-797A)
5. On [REDACTED] 2024, AHCT reviewed the Appellant's healthcare application. They approved HUSKY A for the minor child and determined the Appellant and her spouse were not eligible for HUSKY A because they do not have an eligible immigration status. (Exhibit 4: NOA, [REDACTED] 24)
6. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2024. Therefore, this decision is due no later than [REDACTED] 2024. (Hearing Record)

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes ("Conn. Gen. Stat.") provides for 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.

2. Section 17b-264 of the Conn. Gen. Stat. 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.
3. Title 45 of the Code of Federal Regulations (“C.F.R.”) § 155.505(c)(1) provides that Exchange eligibility appeals may be conducted by 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 appeals process in accordance with the requirements of this subpart.
4. Title 45 C.F.R. § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).
5. Title 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.
6. Title 42 C.F.R. § 435.406(a)(2)(i) provides that except as specified in 8 U.S.C. 1612(b)(1) (permitting States an option with respect to coverage of certain qualified non-citizens), qualified non-citizens as described in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. 1641) (including qualified non-citizens subject to the 5-year bar) who have provided satisfactory documentary evidence of Qualified Non-Citizen status, which status has been verified with the Department of Homeland Security (DHS) under a declaration required by section 1137(d) of the Act that the applicant or beneficiary is a non-citizen in a satisfactory immigration status.

7. Title 8 of the United States Code (“U.S.C.”) § 1641 (b) provides that for the purposes of this chapter, the term “qualified alien” means an alien who, at the time the alien applies for, receives or attempts to receive a Federal public benefit, is-
 1. An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. 1101 et seq.],
 2. An alien who is granted asylum under section 208 of such Act [8 U.S.C. 1158],
 3. A refugee who is admitted to the United States under section 207 of such Act [8 U.S.C. 1157],
 4. An alien who is paroled into the United States under section 212(d)(5) of such Act [8 U.S.C. 1182(d)(5)] for a period of at least 1 year,
 5. An alien whose deportation is being withheld under section 243(h) of such Act [8 U.S.C. 1253] (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of such Act [8U.S.C. 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208),
 6. An alien who is granted conditional entry pursuant to section 203(a)(7) of such Act [8 U.S.C. 1153(a)(7) as in effect prior to April 1, 1980, or
 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980), or
 8. An individual who lawfully resides in the United States in accordance with a Compact of Free Association referred to in section 1612(b)(2)(G) of this title, but only with respect to the designated Federal program defined in section 1612(b)(3)(C) of this title (relating to the Medicaid program).
8. Title 8 U.S.C. § 1613(a) provides that generally, notwithstanding any other provision of law and except as provided in subsections (b), (c), and (d) of this section, an alien who is a qualified alien (as defined in section 1641 of this title) and who enters the United States on or after August 22, 1996, is not eligible for any Federal means-tested public benefit for a period of 5 years beginning on the date of the alien’s entry into the United States within the meaning of the term “qualified alien”.
9. Title 42 C.F.R. § 435.406(c) provides that the agency must verify the declaration of citizenship or satisfactory immigration status under paragraph (a)(1) or (2) of this section in accordance with § 435.956.
10. Title 42 C.F.R. § 435.956 provides for verification of other non-financial information. (a) Citizenship and immigration status. (1)(i) The agency must—(A) Verify citizenship status through the electronic service established in accordance with §435.949 or alternative mechanism authorized in accordance with §435.945(k), if available; and (B) Promptly attempt to resolve any inconsistencies, including typographical or other clerical errors, between information provided by the individual and information from an electronic data source, and resubmit corrected information through such electronic service or alternative mechanism. (2)(i) Verify immigration status through the electronic service established in

accordance with § 435.949, or alternative mechanism authorized in accordance with § 435.945(k).

11. AHCT correctly used the USCIS to verify the Appellant's and her spouse's immigration status.
12. AHCT correctly determined the Appellant, and her spouse are not citizens of the United States.
13. AHCT correctly determined the Appellant, and her spouse are not qualified aliens.
14. On [REDACTED] 2024, AHCT correctly denied HUSKY A healthcare coverage for the Appellant and her spouse.

DECISION

The Appellant's appeal is DENIED.

Carla Hardy

Carla Hardy
Hearing Officer

PC: Becky Brown Mike Towers, Vanessa Harrison, Health Insurance Exchange
Access Health CT

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.