

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

[REDACTED] 2024
Signature Confirmation

Case # [REDACTED]
Client ID # [REDACTED]
Request # [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2024, the Health Insurance Exchange Access Health CT ("AHCT") sent [REDACTED] (the "Appellant") a notice denying Husky D Medicaid.

On [REDACTED] 2024, the Appellant requested an administrative hearing to contest the Department's decision to deny such benefits.

On [REDACTED] 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED] 2024.

On [REDACTED] 2024, 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, OLCRAH held an administrative hearing by telephone.

The following individuals were present at the hearing:

[REDACTED] Appellant
[REDACTED] Appellant's Social Worker
[REDACTED] AHCT Representative
Alisha Laird, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Access Health CT correctly denied the HUSKY D Medicaid for failure to meet the immigration requirements.

FINDINGS OF FACT

1. In 2003, the Appellant, age [REDACTED] years old [DOB: [REDACTED]] entered the United States ("US") on a work authorization visa from the country of [REDACTED] (Appellant's Testimony)
2. From the period of [REDACTED] 2020, through [REDACTED] 2021, the Appellant received medical coverage under the Husky D Medicaid program administered by AHCT. (Exhibit 6: Application results [REDACTED]/2020)
3. On [REDACTED] [REDACTED] 2024, the Appellant submitted a change reporting application to AHCT, application ID [REDACTED]. (Exhibit 1: Application Information)
4. On [REDACTED] 2024, AHCT issued a notice to the Appellant requesting proof of citizenship or immigration status. The notice stated, "[REDACTED] [You] needs to provide proof of immigration status. Without this proof they will lose their health coverage...". (Exhibit 9: Step 2 Hub update")
5. On [REDACTED] 2024, AHCT issued an Additional Verification Required notice to the Appellant requesting proof of citizenship or immigration status. The notice stated, "We tried to verify immigration status electronically with the [REDACTED] You may have entered your information incorrectly". (Exhibit 8: Additional Verification Required notice)
6. AHCT was unable to verify the Appellant's immigration status electronically with the [REDACTED] (Exhibit 8: Additional Verification Required notice)
7. On [REDACTED] 2024, AHCT issued an Additional Verification Reminder notice to the Appellant. The notice indicated that it was the last reminder and requested proof of citizenship or immigration status for the Appellant. (Exhibit 7: Final Reminder Notice)
8. On [REDACTED] 2024, AHCT issued a notice to the Appellant denying his application for HUSKY D coverage because he is not a US Citizen and does not have an eligible immigration status. (Exhibit 3: 1301 Notice [REDACTED]/2024)

9. 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.

CONCLUSIONS OF LAW

1. Connecticut General Statutes ("Conn. Gen. Stat") § 17b-2(6) provides the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Conn. Gen. Stat. § 17b-260 provides 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.
3. Conn. Gen. Stat. § 17b-264 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.
4. 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.

AHCT is the State of Connecticut’s health insurance exchange where consumers can enroll in affordable healthcare plans which include Husky D.

5. 45 C.F.R. § 155.505(d) provides that an appeals process established under this subpart must comply with [§ 155.110\(a\)](#).
6. 45 C.F.R. § 155.505(c)(1) provides for options for Exchange appeals. 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 an appeals process in accordance with the requirements of this subpart.
7. 42 C.F.R. § 435.406(a)(2)(i) provides 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 an non-citizen in a satisfactory immigration status.
8. Title 8 Section 1613(a) of the United States Code (“U.S.C.”) provides for five-year limited eligibility of qualified aliens for Federal means-tested public benefit. In General, notwithstanding any other provision of law and except as provided in subsections (b), (c), and (d), 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 with a status within the meaning of the term “qualified alien”.
9. 42 C.F.R. § 435.4 provides qualified non-citizen includes the term “qualified alien” as defined at [8 U.S.C. 1641\(b\)](#) and [\(c\)](#).
10. 8 U.S.C. § 1641(b) provides for 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 [8 U.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,

(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).

11.42 C.F.R. § 435.406(c) provides 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](#).

12.42 C.F.R. § 435.949(a) provides the Secretary will establish an electronic service through which States may verify certain information with, or obtain such information from, Federal agencies and other data sources, including SSA, the Department of Treasury, and the Department of Homeland Security.

13.42 C.F.R. § 435.949(b) provides to the extent that information related to eligibility for Medicaid is available through the electronic service

established by the Secretary, States must obtain the information through such service, subject to the requirements in [subpart C of part 433 of this chapter](#), except as provided for in [§ 435.945\(k\) of this subpart](#).

AHCT correctly determined the Appellant does not meet the qualified non-citizen criteria as defined in 8 U.S.C. § 1614(b).

AHCT correctly determined the Appellant does not qualify for medical coverage under Husky D program because he is not a US Citizen and does not have an eligible immigration status.

AHCT correctly discontinued the Appellant's medical coverage under the Husky D Medicaid program effective [REDACTED] 2024.

14.42 C.F.R. § 435.917 provides for notice of determinations. Consistent with [§§ 431.206](#) through [431.214 of this chapter](#), the agency must provide all applicants and beneficiaries with timely and adequate written notice of any decision affecting their eligibility, including an approval, denial, termination or suspension of eligibility, or a denial or change in benefits and services. Such notice must—

- (1) Be written in plain language;
- (2) Be accessible to persons who are limited English proficient and individuals with disabilities, consistent with [§ 435.905\(b\)](#), and
- (3) If provided in electronic format, comply with [§ 435.918\(b\)](#).

On [REDACTED] 2024, AHCT correctly issued the Appellant a notice of action denying him Husky D Medicaid coverage due to not being a US Citizen and not having an eligible immigration status.

DECISION

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

Alisha Laird

Alisha Laird
Fair Hearing Officer

CC: [REDACTED]
[REDACTED] Conduent
[REDACTED] Conduent
[REDACTED] AHCT Representative

**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, 55 Elm Street, 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 extensions 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.