

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

██████████ 2016
Signature Confirmation

Application ID # ██████████
Client ID # ██████████
Hearing Request # 742950

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, Health Insurance Exchange Access Health CT (“AHCT”) issued a Notice of Action (“NOA”) to ██████████, (the “Appellant”), denying the Medicaid/Husky D healthcare coverage.

On ██████████ 2015, the Appellant requested an administrative hearing to contest the denial of Medicaid/Husky D benefits.

On ██████████ 2015, the Office of legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2015.

On ██████████ 2015, in accordance with sections 17b-60, 17b-264 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, chapter 45 Code of Federal Regulations (“CFR”) §§ 155.505(b) and 155.510 and/or 42 CFR § 457.1130, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████ Appellant's Spouse
Sabrina Solis, AHCT Representative
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Health Insurance Exchange Access Health CT ("AHCT") correctly denied the Medicaid/Husky D healthcare coverage.

FINDINGS OF FACT

1. Prior to [REDACTED] 2015, the Appellant and his spouse, [REDACTED] received Medicaid/Husky D coverage (Hearing Record).
2. The Appellant's household consists of two persons (Appellant's Spouse's Testimony).
3. The Appellant is 52 years (DOB [REDACTED]/63). His spouse is 40 years (DOB [REDACTED]/76) old. (Exhibit A: Application, [REDACTED]/15).
4. On [REDACTED] 2015, the Appellant completed the Medicaid/Husky D Renewal Application (Hearing Record).
5. The Appellant does not have a source of income (Appellant's Spouse's Testimony).
6. The Appellant's spouse is employed by Dunkin Donut's and earns \$600.00 per week. This is the household's only source of income (Appellant's Spouse's Testimony).
7. On [REDACTED] 2015, AHCT updated the Appellant's record to show income totaling \$2,580.00 per month. He and his spouse were denied Medicaid/Husky D coverage (Exhibit A: Application, [REDACTED]/15, Exhibit B: Change Reporting Eligibility Decision notice, [REDACTED]/15).
8. The Medicaid/Husky D coverage was terminated effective [REDACTED] 2015 (AHCT's Testimony).
9. The Federal Poverty Limit ("FPL") for a household of two at the time of the Change Reporting Eligibility Decision notice was \$1,328.00 per month (Federal Register).

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes ("CGS") 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 CGS 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 ("CFR") § 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 an appeals process in accordance with the requirements of this subpart.
4. 45 CFR § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).
5. 45 CFR § 155.110(a)(2) 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: the State Medicaid agency, or any other State agency that meets the qualification of paragraph (a)(1) of this section.
6. 42 CFR § 435.119 provides that Medicaid health coverage is available for individuals age 19 or older and under age 65 at or below 133 percent of the Federal Poverty Limit ("FPL").

(b). Eligibility. 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 the 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.
7. One Hundred Thirty-three percent of the FPL for a two person household equals \$1,766.24 ($\$1,328.00 \times 1.33$).
8. Uniform Policy Manual ("UPM") §5025.05(B) provides for conversion of income to monthly amounts.
1. If income is received on a monthly basis, a representative monthly amount is used as the estimate of income.
 2. If income is received on other than a monthly basis, the estimate of the income is calculated by multiplying 4.3 by a representative weekly amount that is determined as follows:
 - a. if income is the same each week, the regular weekly income is the representative weekly amount;
 - b. if income varies from week to week, a representative period of at least four consecutive weeks is averaged to determine the representative weekly amount;
 - c. if there has been a recent change or if there is an anticipated future change, the amount expected to represent future income is the representative weekly amount;
 - d. if income is received on other than a weekly or monthly basis, the income is converted to a representative weekly amount by dividing the income by the number of weeks covered;
9. AHCT correctly determined the Appellant's monthly income totaled \$2,580.00 ($\600.00×4.3).
- 10.42 CFR §435.603(d) provides for the application of the household's modified adjusted gross income ("MAGI"). A state must subtract an amount equivalent to 5 percentage points of the Federal poverty level for the applicable family size.

11. Five percent of the FPL for two persons equals \$66.40 ($\$1,328.00 \times .05$).
12. On [REDACTED] 2015, the Appellant's countable MAGI totaled \$2,513.60 ($\$2,580.00 - \66.40) per month.
13. The Appellant's \$2,513.60 MAGI exceeds the \$1,766.24 income threshold for a family of two.
14. AHCT correctly determined that the Appellant's monthly income exceeded the program limit and correctly denied Medicaid/Husky D coverage.

DECISION

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



Carla Hardy
Hearing Officer

Pc: Sabrina Solis, Health Insurance Exchange Access Health CT

APTC/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 Premium Tax Credits (APTC) or Cost Sharing Reduction (CSR).

MEDICAID AND 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.

There is no right to request reconsideration for denials or reductions of Advanced Premium Tax Credits (APTC) or Cost Sharing Reduction (CSR).

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 06105-3725. 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.

