

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

Client ID # ██████████  
Hearing Request # 744918

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2015, the Department of Social Services (the "Department") issued ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing medical benefits for himself, his spouse and their three children under the Family Medicaid program, effective ██████████ 2015.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

On ██████████ ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, the Appellant  
██████████ Appellant's spouse  
Joseph Alexander, Eligibility Services Specialist, Department's representative  
Jessica Gulianello, Eligibility Services Worker, Department's representative  
Roberta Gould, Hearing Officer

At the Appellant's request, the hearing record remained open for the submission of additional evidence. On ██████████ 2016, the record closed.

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue the Appellant's medical benefits was correct.

## **FINDINGS OF FACT**

1. The Appellant received HUSKY A medical assistance for himself, his spouse and his 3 children. (Exhibit 5: Assistance Status screen)
2. The Appellant is employed by [REDACTED] and has gross earnings of \$2367.37 per month. (Exhibit 1: Earned income screens and Hearing summary)
3. [REDACTED], the Appellant's spouse, is employed by [REDACTED] and has gross earnings of \$2,299.08 per month. (Exhibit 1 and Hearing summary)
4. The Department granted HUSKY A – Extended Medical Assistance for the Appellant and his household effective [REDACTED] 2015. (Exhibit 8: Case narrative and Hearing summary)
5. The Appellant and his household received HUSKY A – Extended Medical Assistance through [REDACTED] [REDACTED] 2015. (Exhibit 7: Client participation history, Exhibit 5 and Hearing summary)
6. On [REDACTED] 2015, the Department mailed a HUSKY renewal notice to the Appellant. (Exhibit 2: notice dated [REDACTED]/15 and Hearing summary)
7. On [REDACTED] 2015, the Department sent the Appellant a Notice of Discontinuance Due to Failure to Redetermine Eligibility for Medical Assistance because he did not return the redetermination form that was sent to him. (Exhibit 3: Notice dated [REDACTED]/15 and Hearing summary)
8. On [REDACTED] 2015, the Department sent the Appellant a Notice of Discontinuance for HUSKY A medical assistance Extension for those with Earnings because the period of time one can get this kind of medical assistance had ended. The Appellant was referred to Access Health CT for assistance. (Exhibit 4: Notice dated [REDACTED]/15 and Hearing summary)
9. On [REDACTED] 2015, the Appellant applied for medical assistance for himself and his family. Access Health CT is processing the application for medical assistance. (Hearing summary)

## CONCLUSIONS OF LAW

1. Section 17b-190 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Uniform Policy Manual (“UPM”) § 2540.01 provides for the various Medicaid coverage groups and states that In order to qualify for MA, an individual must meet the conditions of at least one coverage group.
3. UPM § 2540.24 provides for HUSKY A, Medicaid for families and states that this group includes children, their parents, certain non-parent caretaker relatives, and pregnant women as described below.

1. Degree of Relationship

- a. A child must reside with a parent or other caretaker who is related to him or her to the degree listed in any of the following categories:

- |  |                           |
|--|---------------------------|
| (1) grandparent  | step parents              |
| sibling  | half-sibling              |
| aunt or uncle  | nephew or niece           |
| great grandparent  | great great grandparent   |
| great aunt or uncle  | great great aunt or uncle |
| step siblings  | immediate first cousin    |
| half siblings of either parents (equivalent of aunt or uncle); |                           |

4. UPM § 2540.24(D) provides that the Department uses AFDC income criteria to determine eligibility for HUSKY A, Medicaid for families except as described below.

1. Income Limit

- a. The income limit for this coverage group is the 185% of the Federal Poverty level that corresponds to the needs group size.

5. Effective [REDACTED] 2014, 185% of the monthly Federal Poverty Level (“FPL”) for a family size of five was \$4,303.10. (Federal Register, Vol. 79, No. 14, [REDACTED] 2014)
6. In [REDACTED] of 2015, the Department correctly determined that the Appellant’s gross earned income was in excess of the income limit for HUSKY A, Medicaid for families for a needs group of five people.

7. UPM § 2540.09(A) provides that the group of people who qualify for Extended Medical Assistance includes members of assistance units who lose eligibility for HUSKY A for Families under the following circumstances:
  - a. the assistance unit becomes ineligible because of hours of, or income from, employment; or
  - b. the assistance unit was discontinued, wholly or partly, due to new or increased child support income.
  2. The assistance unit is not required to pass any income or asset tests during the twelve month period of eligibility for Extended Medical Assistance.
8. The Department correctly granted HUSKY A – Extended Medical Assistance for the Appellant and his household.
9. UPM § 2540.09(B) provides for duration of eligibility of HUSKY A - Extended Medical Assistance:
  1. Individuals qualify for HUSKY A under this coverage group for the twelve month period beginning with the first month of ineligibility for HUSKY A for Families (F07).
10. Effective [REDACTED] 2014, 185% of the monthly Federal Poverty Level (“FPL”) for a family size of five was \$2,326.00. (Federal Register, Vol. 79, No. 14, [REDACTED], 2014)
11. In [REDACTED] 2015, the Department correctly determined that the Appellant’s gross monthly earnings exceeded the allowable limit for HUSKY A, Medicaid for families.
12. On [REDACTED] 2015, the Department correctly discontinued HUSKY A – Extended Medical Assistance effective [REDACTED] 2015.

### DECISION

The Appellant’s appeal is DENIED.

*Roberta Gould*  
Roberta Gould  
Hearing Officer

Pc: Poonam Sharma, Social Services Operations Manager, DSS Bridgeport  
Fred Presnick, Social Services Operations Manager, DSS Bridgeport  
Yecenia Acosta, Social Services Program Manager, DSS Bridgeport  
Cheryl Stuart, Social Services Program Manager, DSS Bridgeport  
Joseph Alexander, Eligibility Services Specialist, DSS Bridgeport

### **RIGHT TO REQUEST RECONSIDERATION**

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 Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

### **RIGHT TO APPEAL**

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 the Commissioner's 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.