

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 # ██████████
Request # 746157

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a notice of action discontinuing her Medicaid benefits under the Husky A Extended Medical Assistance Program ("F03") effective ██████████ 2015.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department's action 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, 17b-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:

██████████ Appellant's Spouse
Sara Hart, Department's Representative
Christopher Turner, Hearing Officer

The Appellant was not present.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's F03 Medicaid assistance effective [REDACTED] 2015 was correct.

FINDINGS OF FACT

1. On [REDACTED] 2014, the Appellant gave birth to [REDACTED]. The household is now a family of five. (Record)
2. On [REDACTED] 2014, the Appellant began to receive F03 benefits for herself, her husband, and two children. [REDACTED] was not included in the assistance unit or coded as a deemor. (Exhibit 2B: MAFI status screen print; Exhibit 3: Assistance Status screen print)
3. The Appellant's spouse was employed at [REDACTED] from [REDACTED] 2014 through [REDACTED] 2015. (Hearing record)
4. For the period of [REDACTED] 2015 and [REDACTED] 2015, the Appellant's spouse was unemployed but received earnings from [REDACTED]. The annual salary for the Appellant's spouse was \$47,122 or 26 weeks at \$1,812.00. (Exhibit 1: Department's narrative; Hearing record)
5. On [REDACTED] 2015, the Appellant's spouse entered into an employment contract with [REDACTED] with a start date of [REDACTED] 2015 at an annual salary of \$52,469.00 or 26 weeks at \$2,018.04. (Hearing record; Appellant's Exhibit A)
6. On [REDACTED] 2015, the Department's income limits for family medical programs changed. At this time, 155% of the Federal Poverty Limit ("FPL") for an assistance unit of five equals \$3,670.40 for Husky A for Families ("F07") and 201% of the FPL for five equals \$4,759.68 for Husky A for Children under the age of 19 ("F25"). (Hearing record)
7. On [REDACTED] 2015, the Appellant reported her spouse started employment for [REDACTED]. (Exhibit 1: Department's narrative)
8. On [REDACTED] [REDACTED] 2015, the Department sent the Appellant a notice of discontinuance. The notice indicated, "Your Medical assistance will be discontinued on [REDACTED] 2015. We are taking this action for the following reason (s): The period of time you can get this kind of medical assistance has ended." (Exhibit 4C: Notice dated [REDACTED]/15)
9. On [REDACTED] 2015, the Appellant's F03 coverage ended. (Exhibit 3: Assistance status screen; Exhibit 4C: Notice dated [REDACTED]/15; Hearing summary)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual ("UPM") § 2540.01 (A) provides that in order to qualify for medical assistance an individual must meet the conditions of at least one coverage group.

UPM § 2540.09 (A) (1) 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 ("F07") (cross reference: 2540.24) 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.

UPM § 2540.09 (A) (2) provides that the assistance unit is not required to pass any income or asset tests during the twelve month period of eligibility for F03 Medical Assistance.

UPM § 2540.09 (B) (1) provides that individuals qualify for HUSKY A under this coverage group for the twelve month period beginning with the first month of ineligibility for F07.

UPM § 2540.09 (B) (2) provides that if ineligibility for F07 occurs prior to the termination of assistance, the F03 Medical Assistance period begins with the first month that the family was not eligible for F07.

UPM § 2540.09 (B) (3) provides that Extended Medical Assistance benefits may end prior to the end of the twelve-month period of eligibility under the following circumstances:

- a. the assistance unit moves out of state; or
- b. all members of the assistance unit expire; or
- c. there is no longer a child in the home under 19 years of age; or
- d. the assistance unit applies for and is found eligible for another Medicaid coverage group.

3. The Department correctly determined that the Appellant's household was eligible for the F03 effective [REDACTED] 2014 through [REDACTED] 2015.
4. The Department correctly discontinued the Appellant's F03 effective [REDACTED] 2015 as the Appellant's period of eligibility ended.
5. Section 17b-261 of the Connecticut General Statutes provides in relevant part that effective August 1, 2015, the medical assistance program shall provide coverage to persons under the age of nineteen with household income up to one hundred ninety-six per cent of the federal poverty level without an asset limit and to persons under the age of nineteen, who qualify for coverage under Section 1931 of the Social Security Act, with household income not exceeding one hundred ninety-six per cent of the federal poverty level without an asset limit, and their parents and needy caretaker relatives, who qualify for coverage under Section 1931 of the Social Security Act, with household income not exceeding one hundred fifty per cent of the federal poverty level without an asset limit.

Title 42 of the Code of Federal Regulations §435.603(d) provides for the application of the household's modified adjusted gross income. A state must subtract an amount equivalent to five (5) percentage points of the Federal Poverty Level for the applicable family size.

6. The Appellant's monthly household income of \$4,338.78 is within the F07 guidelines of \$4,759.68 for a needs group of five.
7. The Appellant's monthly household income of \$4,338.78 effective [REDACTED] 2015 exceeds \$3,678.40, which is 155% of the FPL for a needs group of five.

DISCUSSION

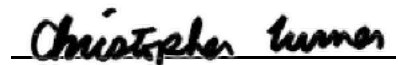
The Department correctly determined the Appellant's period of eligibility for the F03 program ended on [REDACTED] 2015. However, while it is correct the Appellant's F03 ended in [REDACTED] 2015, it became apparent during the hearing the Appellant, her spouse and their children were eligible for F07 through [REDACTED] 2015. Effective [REDACTED] 2015, the family became eligible for F03 due to a change in the Department's income limit.

DECISION

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

ORDER

The Department is instructed to grant the household F07 medical effective [REDACTED] 2015 and F03 effective [REDACTED] 2015 with a [REDACTED] 2016 end date. Proof of compliance is due within 10 days from the date of this decision and will consist of the grant notice.



Christopher Turner
Hearing Officer

Cc: Tonya Cook-Beckford, Operations Manager Willimantic
Sara Hart, DSS Willimantic

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 06105-3725. 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 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.