

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 # ██████████  
Application # ██████████  
Hearing Request # 760350

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2016, the Health Insurance Exchange Access Health CT (“AHCT”) as an agent of the Department of Social Services (“the Department”) sent a notice to ██████████ (the “Appellant”) discontinuing the Medicaid/HUSKY A Transitional Medical Assistance healthcare coverage effective ██████████ 2016.

On ██████████ 2016, the Appellant requested a hearing to contest the discontinuance of Medicaid/Husky A Transitional Medical Assistance benefits.

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

At the request of the Appellant, the hearing was rescheduled. On ██████████ 2016, the OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, the OLCRAH issued another notice rescheduling 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  
Debra Henry, AHCT Representative  
Carla Hardy, Hearing Officer

The Hearing Record was left open for the submission of additional information. The record closed on ██████████ 2016.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether AHCT correctly discontinued the Medicaid/HUSKY A Transitional Medical Assistance (“TMA”) healthcare coverage effective ██████████ 2016.

### **FINDINGS OF FACT**

1. The Appellant’s household consists of herself and her child ██████████ (Appellant’s Testimony).
2. The Appellant’s household were members of Husky A healthcare coverage prior to ██████████ 2015 (Appellant’s Testimony).
3. On ██████████ 2015, AHCT issued a Husky Health (Medicaid and CHIP) Renewal Form to the Appellant. The notice requested that the Appellant respond by ██████████ 2016 (Appellant’s Exhibit 2: Partial Renewal Form dated ██████████/15).
4. In ██████████ 2015, the Appellant completed a Husky A renewal through Health Insurance Exchange Access Health CT (“AHCT”). She was determined to be over income for the Husky A program and no longer eligible. She was offered a Qualified Health Plan (“QHP”) for her household which she did not accept. The Appellant accepted medical insurance from her employer effective ██████████ 2015 (Appellant’s Testimony).
5. On ██████████ 2015, the Appellant called the Department of Social Services (“DSS”) with questions regarding her medical coverage because she received a letter stating her Husky A coverage would be closing effective ██████████ 2015. The Appellant’s case was reviewed by DSS which determined that the Appellant’s Husky A was still active even though she went over the HUSKY A income limit with the application dated ██████████ 2015 that was submitted to AHCT. Because the Appellant was active Husky A when she went over the income limit, she should have been evaluated for TMA. DSS screened the Appellant for TMA effective ██████████ 2015. Because the Appellant was still active on Husky A

through [REDACTED] 2015, DSS denied the TMA (X03) for [REDACTED] 2015, [REDACTED] 2015, [REDACTED] 2015, [REDACTED] 2015 and July [REDACTED] (Exhibit G: Case Narrative, [REDACTED]/15).

6. On [REDACTED] 2015, DSS granted the Appellant an X03 Husky A Increased Earnings Extension medical coverage plan effective [REDACTED] 2015 with an ending date of [REDACTED] 2016 (Exhibit C: Notice of Action, [REDACTED]/15).
7. On [REDACTED] 2016, the Department discontinued the X03 Husky A Increased Earnings Extension effective [REDACTED] 2016 (Exhibit D: Notice of Action, [REDACTED]/16).
8. On [REDACTED] 2016, the Appellant submitted a change reporting application to AHCT. The eligibility determination for this application was that [REDACTED] was approved for Husky B/CHIP effective [REDACTED] 2016 and the Appellant was approved for a QHP with Cost Sharing Reduction ("CSR"). The Appellant and her child were denied Husky A/Medicaid (Appellant's Exhibit 5: Change Reporting Eligibility Decision for Healthcare Coverage).
9. The Appellant reported monthly income totaling \$2,978.24 (Exhibit A: Application # [REDACTED] dated [REDACTED] 16).
10. The Federal Poverty Limit ("FPL") for a two person household increased to \$1,335.00 per month effective [REDACTED] 2016 (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. Title 42 CFR § 435.110(b)(c)(2)(i) provides that the agency must provide Medicaid to parents and caretaker relatives whose income is at or below the income standard established by the agency in the State Plan.
7. Title 42 CFR § 435.118(b)(2)(ii) provides that the agency must provide Medicaid to children under age 19 whose income is at or below the income standard established by the agency in its State Plan.
8. Public Act 15-5 June Sp. Session, Section 370 (a) provides in part Except as provided in section 17b-277, as amended by this act, and section 17b-292, as amended by public act 15-69 and this act, 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.
9. One hundred fifty percent of the FPL for a household of two totaled \$2,003.00 (\$1,335.00 x 1.5 rounded to nearest dollar) per month effective [REDACTED] 2016.
10. One hundred ninety-six percent of the FPL for a household of totaled \$2,617.00 (\$1,335.00 x 1.96 rounded to nearest dollar) per month.
11. The Appellant’s monthly income of \$2,978.24 exceeds the Medicaid income limit for persons under the age of nineteen (\$2,603.00) and for parents and needy caretaker relatives (\$1,992.00) in a two person household.

12. Public Act 15-5 June Sp. Session, Section 371(a) provides The Commissioner of Social Services shall review whether a parent or needy caretaker relative, who qualifies for Medicaid coverage under Section 1931 of the Social Security Act and is no longer eligible on and after August 1, 2015, pursuant to section 17b-261 of the general statutes, as amended by this act, remains eligible for Medicaid under the same or a different category of coverage before terminating coverage.
13. 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:

the assistance unit becomes ineligible because of hours of, or income from, employment; or the assistance unit was discontinued, wholly or partly, due to new or increased child support income.
14. 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.
15. The Department incorrectly allowed the Medicaid/HUSKY A to remain active when it determined that the Appellant was over income in March 2015.
16. UPM § 1565.05(A) provides when eligibility has been determined to no longer exist, the last day for which the assistance unit is entitled to the benefits of the program is:
  1. The last day of the month preceding the month in which ineligibility is caused by:
    - a. Excess income or excess assets – AFDC, AABD, MA;
    - b. Striking – AFDC only; or
  2. The last day of the month in which a nonfinancial eligibility factor causes ineligibility, provided that eligibility had existed on the first of the month. This includes death of a recipient.
17. In July of 2015 the Department correctly determined that the Appellant’s household should have lost eligibility for the F07 HUSKY A Medicaid due to increased income effective [REDACTED] 2015 and that her family should have been evaluated for TMA effective [REDACTED] 2015.
18. The Appellants eligibility for TMA should have begun in March 2015 and terminated on [REDACTED] 2016.
19. The Department was correct to discontinue the F03 Extended Medical Assistance effective [REDACTED] 2016 which marked the end of the twelve month period after losing eligibility for F07 HUSKY A/Medicaid.

## DISCUSSION

Families that are receiving HUSKY A Medicaid benefits who then exceed the Medicaid income limit due to increased earnings or child support are offered twelve months of extended medical assistance called Transitional Medical Assistance. Although the Appellant's income exceeded the Medicaid limit in [REDACTED] 2015, the HUSKY A remained active. The Department was made aware of this error in [REDACTED] 2015 and granted the TMA effective [REDACTED] 2015 with a terminating date of [REDACTED] 2016, which is twelve months after the TMA should have started. The Appellant received twelve months of continuous Medicaid coverage between [REDACTED] 2015 and [REDACTED] 2016.

## DECISION

The Appellant's appeal is DENIED.

  
\_\_\_\_\_  
Carla Hardy  
Fair Hearings Officer

Pc: Debra Henry, 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. 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.

