

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 No # ██████████  
Request # 766491

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2016 the Health Insurance Exchange Access Health CT- (“AHCT”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying the Appellant’s Medicaid Husky D healthcare coverage.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the decision to terminate 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:

██████████ Appellant  
Cathy Davis, AHCT Representative  
Almelinda McLeod, Hearing Officer

The record was held open for the submission of additional evidence. The record closed on ██████████ 2016.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether Health Insurance Exchange Access Health CT ("AHT") correctly denied the Medicaid Husky D benefits.

### **FINDINGS OF FACT**

1. On ██████████ 2016, the Appellant submitted a change reporting application through the State of Connecticut Health Insurance Exchange. (Exhibit #1, AHT Application # ██████████)
2. The Appellant resides with her daughter, however, the Appellant applied for Husky D for her herself only, thus she is a household of one. (Exhibit #1, Access Health Application )
3. The Appellant's tax filing status is single filing taxes. ( Exhibit #1, AHT Application)
4. The Appellant is 51 years old and resides in ██████████ County. ( Exhibit #1, AHT application)
5. The Appellant self- attested a monthly income of \$1666.25 per month and an annual income of \$19995.00. (Exhibit #1, AHT Application and AHT testimony)
6. On ██████████ 2016, AHT processed the application and denied Medicaid Husky D because the Appellant did not meet the financial criteria and was found eligible for Qualified Health Plan with an Advance Premium Tax Credit of \$375.00 and a cost sharing reduction which will help to reduce her out of pocket expense towards the premium. (Exhibit #3, Change Eligibility decision letter)
7. The Appellant disputes the self- attested income because she is paid per diem. She works Monday, Wednesday and Fridays from 10 am to 6 pm (8 hours) at a rate of \$12.50 per hour. [ $\$12.50 \times 24 = \$300 \times 4.3 = \$1290.00$  monthly]. Plus the Appellant works as a live in companion over the weekends depending on the need, so there may be an additional 7 to 20 hours of income, however no dollar amount (exact or average) was given. The Appellant feels that because her income fluctuates that the income given as the self-attested income does not truly represent her income. (Appellant testimony)

8. The Appellant provided the 2015 W-1040 reflecting the adjusted gross income was \$25, 266.00. ( Exhibit B- 2015 W-1040)
9. The Federal Poverty Limit (“FPL”) for the Husky D for a household of one is \$1366.20. ( Exhibit #3, Change reporting Eligibility Decision letter and hearing summary)
10. The Appellant’s verified Modified Adjusted Gross Income (“MAGI”) of \$25,266.00 is over the FPL for Husky D for a household of one.

### **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. Title 45 Code of Federal Regulations (“CFR”) 155.110 (A) (2) 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 or more responsibilities of the Exchange. An eligible entity is: the State Medicaid agency, or any other State agency that meets the qualifications of paragraph (a) (1) of this section.
3. 45 CFR 155.505 (c) (1) provides 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; or
4. 45 CFR 155.505 (d) Eligible entities. 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 the section.

6. 42 CFR § 435.119 (b) provides that Medicaid health coverage is available for individuals age 19 or older and under 65 at or below 133 percent of the Federal Poverty Limit ("FPL"). 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 titled 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 one person household equals \$1316.70 ( $990 \times 1.33$ ).
8. Uniform Policy Manual ("UPM") § 5025.05 (B) provides for conversion of income to monthly amounts. Prospective Budgeting system. 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 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. 42 CFR § 435.945 (a) provides except where the law requires other procedures (such as for citizenship and immigration status information). The agency may accept attestation of information needed to determine the eligibility of an individual for Medicaid ( with self-attestation by the individual or attestation by an adult who is in the applicant's household, as defined in §435.603 (f) of this part, or family as defined in section 36B(d) (1) of the Internal Revenue Code, an authorized representative, or, if the individual is a minor or incapacitated, someone acting responsibly for the individual) without requiring further information ( including documentation) from the individual.
10. AHCT correctly determined the Appellant's monthly income of \$1666.25 based on the self- attested income discussed at the time of application.

- 11.42 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.
12. Five percent of the FPL for one person totals \$ 49.50 (\$990 x .05).
13. On [REDACTED] 2016, the Appellant's countable MAGI totaled \$1616.75. (\$1666.25 – 49.50)
14. The Appellant's \$1616.75 monthly MAGI exceeded the \$1366.20 threshold for a family of one.
15. AHCT correctly determined that the Appellant's monthly income exceeded the Medicaid income threshold for a family of one and denied Medicaid / Husky D insurance.


### **DISCUSSION**

The Appellant works as a per diem companion and a live-in companion on the weekends whenever there is a need. She provided to this hearing officer a W-1040 Income tax return showing an adjusted gross income of \$25,266 for 2015. The Appellant self-attested to AHCT that her monthly income was \$1666.25 and \$19,995.00 annually. The Appellant testified that she anticipates her earnings for 2016 to be less (approximately \$16,000 a year) because she will stop working as a live-in companion on the weekends. The Appellant requested that we recalculate her income based on the fact that her income fluctuates and take into consideration the upcoming changes to her work schedule.

Based on the self-attested income reported by the Appellant at the time of the application, the Appellant was over income. The Appellant's verified 2015 W-1040 indicated higher wages, thus the result would be the same. The eligibility for Husky D Medicaid is based on Modified Adjusted Gross Income, therefore, the Appellant is not eligible for the Husky D/Medicaid Program. With respect to upcoming changes to her income, the Appellant can re-apply for Husky D when her income changes.

### **DECISION**

The Appellant's appeal is DENIED.

  
Almelinda McLeod  
Hearing Officer

CC: Cathi Davis, Health Insurance Exchange Access CT

### **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 Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

### **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 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.