

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 # ██████████  
Hearing Request # 775056

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2016, the Health Insurance Exchange Access Health CT (“AHCT”) discontinued ██████████ (“The Appellant”) Medicaid/HUSKY A Parents and Caretakers healthcare coverage effective ██████████ 2016 and granted QHP (“Qualified Health Plan”) with APTC (“Advance Premium Tax Credit”) effective ██████████ 2016.

On ██████████ 2016, The Appellant requested a hearing to contest the discontinuance of Medicaid/Husky A 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  
Rita Baboolal, Health Insurance Exchange Access Health CT Representative  
Swati Sehgal, Hearing Officer

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

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether AHCT correctly discontinued the Medicaid/HUSKY A healthcare insurance.

### **FINDINGS OF FACT**

1. On [REDACTED] 2016, the Appellant submitted a change reporting application. (Exhibit 1: Application [REDACTED])
2. The Appellant files federal taxes as Head of Household and her daughter is one tax dependent. (Exhibit 1, Appellant's testimony)
3. On the application the Appellant reported the following gross monthly income: \$2270.40. (Exhibit 1, Department's summary)
4. The Appellant did not report any deductions. (Exhibit 1, Appellant's testimony)
5. In [REDACTED] 2015 the Connecticut Special Legislative Session passed a new state law splitting the HUSKY A program into two groups. One group HUSKY A/MEDICAID coverage for children under 19th birthday remained at the income limit of 196% of the Federal Poverty Level ("FPL"). The second group became HUSKY A/Medicaid Parents and Caretakers and lowering the income limit to 150% of the FPL with a 5% income disregard. (June Special Session, Public Act No.15-5)
6. Access Health discontinued the Appellant's HUSKY A Parents and Caretakers because she exceeded the income limit. (Department's testimony)
7. The Appellant's daughter remains on HUSKY A Medicaid for Children under 19<sup>th</sup> birthday. (Department's testimony and Exhibit 3: Eligibility Determination Screens and Exhibit 2: Change Reporting Eligibility Decision)
8. The Federal Poverty Limit ("FPL") for a family of two at the time of enrollment was \$15,930.00 per year which converted equals \$1328.00 (\$15,930.00/12).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 435.603(f)(1)(2)(iii)(3)(iii) provides for the construction of the modified adjusted gross income (“MAGI”) household.
7. The Appellant files as Head of Household and claims one tax dependent, her daughter, [REDACTED]. She has a MAGI household of two persons.
8. [REDACTED] is a tax dependent of the Appellant. Her MAGI household consists of herself and her mother, the Appellant. She has a MAGI household of two persons.

9. 42 CFR §435.603(d) provides for the application of the household's modified adjusted gross income ("MAGI"). The household's income is the sum of the MAGI-based income, as defined in paragraph (e) of this section, of every individual included in the individual's household. Effective January 1, 2014, in determining the eligibility of an individual using MAGI-based income, a state must subtract an amount equivalent to 5 percentage points of the Federal Poverty Level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
10. Five percent of the FPL for a family of two is \$796.50 ( $\$15,930.00 \times .05$ ) per year which was converted to \$66.38 ( $\$796.50/12$ ) per month.
11. The Appellant's household's countable MAGI for a household of two based on the reported income at time of application was \$2204.02 ( $\$2270.40 - \$66.38$ ) per month.
12. 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.
13. 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.
14. 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.
15. One hundred fifty percent of the FPL for a household of two is \$1992.00 ( $\$1328.00 \times 1.50$ ) per month.
16. One hundred ninety-six percent of the FPL for a household of two is \$ 2602.88 ( $\$1328.00 \times 1.96$ ) which was rounded to \$2603 per month.

17. The Appellant's countable MAGI household income of \$2204.02 per month exceeds the income threshold for Medicaid/Husky A for Parents and Caretakers for a household of two, \$1992.00.
18. The Appellant's daughter's countable MAGI household income of \$2204.02 per month is under the income threshold for Medicaid for Children under 19<sup>th</sup> birthday for a household of two, \$2603.00
19. The Appellant is over income for Medicaid/HUSKY A for Parents and Caretakers medical insurance.
20. The Appellant's daughter is within income limits for Medicaid/HUSKY A for Children under 19<sup>th</sup> birthday
21. The Department was correct to discontinue Medicaid/HUSKY A for Parents and Caretakers for the Appellant.
22. The Department was correct to continue eligibility for the Appellant's daughter under the Medicaid/HUSKY A for Children under 19<sup>th</sup> birthday.

### **DECISION**

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

*Swati Sehgal*  
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Swati Sehgal  
Fair Hearings Officer

Pc: Judy Boucher, 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.

