

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

EMS Client ID # ██████████
Hearing Request # 775500

NOTICE OF DECISION
PARTY

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PROCEDURAL BACKGROUND

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

On ██████████ 2016, The Appellant requested a hearing to contest the denial of her Medicaid/Husky D 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
Stephanie Arroyo, Health Insurance Exchange Access Health CT Representative
Veronica King, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether AHCT correctly denied the Medicaid/Husky D healthcare insurance.

FINDINGS OF FACT

1. The Appellant was a recipient of Medicaid Husky D healthcare insurance. (Hearing Record)
2. On [REDACTED] 2016, AHCT submitted an online change reporting application through the State of Connecticut Health Insurance Exchange. (Exhibit 1: Application ID [REDACTED] [REDACTED]/16)
3. The Appellant was 45 years old at the time she submitted the change reporting application. (Exhibit 1 and Hearing Record)
4. The Appellant files taxes as single, head of household with no dependents. (Exhibit 1 and Hearing Record)
5. The Appellant receives \$1,637.00 per month in Social Security Disability ("SSD") benefits. (Exhibit 1 and Hearing Record)
6. On [REDACTED] 2016 AHCT sent a letter to the Appellant, denying HUSKY D Medicaid over income and granting a Qualified Health Plan with Cost Sharing Reduction (CSR) and Tax Credit up to \$320.00 per month. (Exhibit 3: Notice of Action, [REDACTED]/16)
7. The Federal Poverty Limit ("FPL") for two persons at the time of the change reporting application was \$990.00 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(d)(1) provides for the construction of the modified adjusted gross income (“MAGI”) household. *Household income—(1) General rule.* Except as provided in paragraphs (d)(2) through (d)(4) of this section, household 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.
7. The Appellant files taxes as single and claims no dependents. She has a MAGI household of one person.
8. 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.

9. The Federal Poverty Limit ("FPL") for one person at the time of the change reporting application was \$990.00 per month.
10. Five percent of the FPL for two persons equals \$49.50. ($\$990.00 * 0.05$).
11. The Appellant's household's countable MAGI for a household of one based on the reported income at time of application was \$1,587.50 per month ($\$1,637.00 - \49.50).
12. 42 CFR § 435.119 provides that Medicaid health coverage is available for individuals age 19 or older and under age 65 at or below 133 percent of the Federal Poverty Limit ("FPL").
 - (b). Eligibility. Effective January 1, 2014, the agency must provide Medicaid to individuals who:
 - 1) Are age 19 or older and under age 65;
 - 2) Are not pregnant;
 - 3) Are not entitled to or enrolled for Medicare benefits under part A or B of the title XVIII of the Act
 - 4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and
 - 5) Have household income that is at or below 133 percent FPL for the applicable family size.
13. One Hundred thirty three percent of the FPL for a household of one person is \$1,316.70 ($\$990.00 * 1.33$).
14. The Appellant's household's countable MAGI household income of \$1,587.50 per month exceeds the income threshold for one, \$1,316.70.
15. The Appellant is over income for Medicaid/HUSKY D medical insurance.
16. AHCT correctly determined the Appellant's household income exceeds the Medicaid income threshold for a family of one and denied the Medicaid/Husky D insurance on [REDACTED] 2016.

DISCUSSION

HUSKY D Medicaid eligibility is based on Modified Adjusted Gross Income. Based on the income reported by the Appellant and calculated by Access Health she is over income and therefore not eligible for the Husky D Program. The Appellant reported that she has multiple health issues and takes several medications unfortunately there is no provision in regulation which would exempt her from the income guidelines due to medical need. Additionally the Appellant argued that she has a household of two. The Appellant testified that she lives with someone, that she is not married and files taxes as single with no dependents. The Affordable Care Act and its supporting regulation it is clear in regards the MAGI household composition and countable income. The Department correctly determined the Appellant's MAGI household of one and correctly denied the Appellant's application for Husky D Medicaid.

DECISION

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

Veronica King

Veronica King
Fair Hearings Officer

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.