

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 # ██████████
Client ID # ██████████
Hearing Request # 778572

NOTICE OF DECISION
PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (“the Department”) sent a Notice of Action discontinuing ██████████, (“The Appellant’s”) 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 (“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
Tamiste King, Health Insurance Exchange, Access Health CT Representative
Veronica King, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department and the Health Insurance Exchange Access Health CT (“AHCT”) as an agent of the Department correctly discontinued the Medicaid/HUSKY A Transitional Medical Assistance healthcare insurance.

FINDINGS OF FACT

1. Effective [REDACTED] 2014 the Appellant’s household’s income, exceeded the income limit for F07 HUSKY A Medicaid for children under 19th birthday and parents or caretaker relatives and was determined eligible for HUSKY A/Medicaid Transitional Medical Assistance (“TMA”) through [REDACTED] 2015. (Exhibit 1: Notice of Approval, [REDACTED]/14 and Hearing Record)
2. On [REDACTED] 2016, the Department sent a Notice of Action to the Appellant stating the TMA coverage was discontinued effective [REDACTED] 2016. (Exhibit 2: Notice of Action, [REDACTED]/16)
3. On [REDACTED] 2016, the Appellant submitted an application through the Access Health CT website for medical assistance. The Appellant was seeking coverage for herself and her minor child. (Exhibit 3: Application ID [REDACTED] [REDACTED]/16)
4. The Appellant resides with her minor child and files taxes as head of household with no dependents. (Exhibit 3 and Hearing Record)
5. The Appellant’s minor child is a tax dependent claimed by someone outside the household. (Exhibit 3 and Hearing Record)
6. The Appellant’s verified countable income is \$3,096.00 per month and \$23,000.00 per year. (Exhibit 3 and Hearing Record)
7. AHCT determined that the Appellant has a household of one person and the Appellant’s son has a household of two persons. (Hearing Record)
8. On [REDACTED] 2016, AHCT sent a letter to the Appellant, denying Medicaid Husky A or Parents and Caretakers for the Appellant, and granted Medicaid Husky B –Band 1 for her minor child. (Exhibit 5: Health Care Application Notice, [REDACTED]/16)
9. The Federal Poverty Limit (“FPL”) for a family of one at the time of enrollment was \$990.00 per month. (Federal Register)
10. The Federal Poverty Limit (“FPL”) for a family of two at the time of enrollment was \$1,335.00 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(e) provides in part that MAGI-based income means income calculated using the same financial methodologies used to determine modified adjusted gross income as defined in section 36B(d)(2)(B) of the Code, with the following exceptions—
 - (1) An amount received as a lump sum is counted as income only in the month received.
 - (2) Scholarships, awards, or fellowship grants used for education purposes and not for living expenses are excluded from income.
 - (3) Certain American Indian/Alaska Native distributions.

7. 26 of the Internal Revenue Code (“IRC”) section 36B(d)(2)(B) provides that the term “modified adjusted gross income” means adjusted gross income increased by –
 - (i) any amount excluded from gross income under section 911,
 - (ii) any amount of interest received or accrued by the taxpayer during the taxable year which is exempt from tax, and
 - (iii) an amount equal to the portion of the taxpayer’s social security benefits (as defined in section 86(d)) which is not included in gross income under section 86 for the taxable year.
8. AHCT correctly determined that the Appellant’s total countable MAGI income was \$3,096.00 per month.
9. 42 CFR 435.603 (f)(1) provides in part that an individual who expects to file tax return for the taxable year in which an initial determination or renewal of eligibility is being made, and who does not expected to be claimed as a tax dependent by another taxpayer, the household consists of the tax payer and, subject to paragraph (f)(5) of this section, all persons whom such individual expects to claim as tax dependent.
10. AHCT correctly determined that the Appellant has a household of one person.
11. 42 CFR 435.603 (f)(2)(iii)(3)(iii) provides in part that individuals under the age 19 who expect to be claimed as a tax depended by a non-custodial parent, the household consist of the individual and, the individual’s natural, adopted, and step parents and natural, adoptive and step siblings under the age specified in paragraph (f)(3)(iv) of this section.
12. AHCT correctly determined that the Appellant’s minor child has a household of two.
13. 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.
14. 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.
15. 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.

16. One hundred fifty percent of the FPL for a household of one is \$1,485.00 ($\$990.00 * 1.50$) per month.
17. One hundred ninety-six percent of the FPL for a household of two is \$ 2,616.60 ($\$1,335.00 * 1.96$) per month.
18. 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.
19. Five percent of the FPL for a household of one equals \$49.50 ($\$990 * 0.05$).
20. Five percent of the FPL for a household of two equals \$66.75 ($1,335.00 * 0.05$).
21. The Appellant's MAGI equals \$3,046.50 per month ($\$3,096.00 - \49.50).
22. The Appellant's minor child's MAGI equal \$3,029.25 per month ($3,096.00 - \66.75).
23. The Appellant's monthly countable MAGI of \$3,046.50 exceed the Medicaid Husky A for parents and caregivers limit for one person, \$1,485.00.
24. The Appellant's minor child's monthly countable MAGI of \$3,029.25 exceed the Medicaid Husky A for children under the age of nineteen limit for two persons, \$2,616.60.
25. 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
26. UPM § 2540.09 (A) (1) provides in part 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.

27. 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.
28. In [REDACTED] of 2014 the Appellant's countable household income exceeded the income threshold for F07 Medicaid/Husky A for Parents and Caretakers for a household of two.
29. The Department correctly granted TMA (Transitional Medical Assistance).
30. 42 CFR §431.245 provides for notifying the applicant or beneficiary of a State agency decision; The agency must notify the applicant or beneficiary in writing of—
 - (a) The decision; and
 - (b) His right to request a State agency hearing or seek judicial review, to the extent that either is available to him
31. 42 CFR §431.211 provides for advance notice; The State or local agency must send a notice at least 10 days before the date of action, except as permitted under §§431.213 and 431.214.
32. UPM 1570.10(A)(1) provides for Notice requirements; Except in situations described below, the Department mails or gives adequate notice at least ten days prior to the date of the intended action if the Department intends to: discontinue, terminate, suspend or reduce benefits;
33. The Department correctly gave adequate notice at least ten days prior to the date of the discontinuance of the HUSKY A/Medicaid Transitional Medical Assistance effective [REDACTED] 2016.
34. The Department correctly discontinued the HUSKY A/Medicaid Transitional Medical Assistance effective [REDACTED] 2016.

DISCUSSION

It is to be noted that this decision refers to both Access Health and the Department of Social Services. Access Health acts as an agent for the state Medicaid agency, the Department of Social Services and this decision addresses the actions taken by both entities.

The HUSKY A Transitional Medical Assistance program offers twelve months of continued Medicaid benefits when a family that is active on F07 HUSKY A Medicaid

exceeds the Medicaid income limit due to increased earnings. The Appellants' family fell into this category in [REDACTED] of 2014 and was granted that program.

The Appellant testified that she moved and reported the new address to the carrier however the address change was never reported to the Department. The Department correctly mailed and gave adequate notice at least ten days prior to the date of the discontinuance of the HUSKY A/Medicaid Transitional Medical Assistance effective [REDACTED] 2016.

Under the Federal Affordable Care Act and State Medicaid guidelines there is no Medicaid eligibility for the Appellants at this time. AHCT correctly granted Medicaid Husk B-Band 1 for the Appellant's minor child. The Appellant received over twelve months of TMA from [REDACTED] of 2014 through [REDACTED] 2016. Her monthly income currently exceeds the Medicaid/HUSKY A income limit for parents and caretaker relatives. The Department correctly discontinued the TMA healthcare coverage plan effective [REDACTED] 2016.

DECISION

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

Veronica King

Veronica King
Hearing 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.

