

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████ 2015
Signature Confirmation

CLIENT No # ██████████
Request # 779619

NOTICE OF DECISION

PARTY

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██████████
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PROCEDURAL BACKGROUND

On ██████████ 2016, the Health Insurance Exchange Access Health CT- (“AHCT”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing the Appellant’s Temporary Medical Assistance Medicaid (“TMA”) Husky A 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
Krystal Sherman- Davis, AHCT Representative
Almelinda McLeod, Hearing Officer

The hearing record was held open for additional evidence. On [REDACTED] 2016, the hearing record was closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether Health Insurance Exchange Access Health CT (“ACHT”) correctly discontinued the Medicaid Husky A health insurance.

FINDINGS OF FACT

1. The Appellant was active Medicaid Husky A until [REDACTED] 2015. (Exhibit #1, ACHT Case comments dated [REDACTED]15)
2. 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)
3. The Department of Social Services granted the Appellant and her spouse Medicaid under the Transitional Medical Assistance Program which provided them with Medicaid coverage from [REDACTED] 2015 to [REDACTED] 2016. (Appellant and AHCT testimony)
4. On [REDACTED] 2016, the Appellant submitted an online change reporting application through the State of Connecticut Health Insurance Exchange and requested assistance just for her child because she and her spouse were still eligible under the Transitional Medical assistance until [REDACTED] 2016. (Exhibit #1, ACHT Application # [REDACTED])
5. The Appellant resides with her spouse and her child. They are all US Citizens and are a household of three. (Exhibit #1, Access Health Application)
6. The Appellant’s tax filing status is married filing jointly and claims their son as their tax dependent. (Exhibit #1, AHCT Application)
7. The Appellant is 39 years old (Date of birth – [REDACTED]/77) and resides in Fairfield County. (Exhibit #1, AHCT application)
8. The Appellant is a homemaker and has no income. The Appellant’s spouse, [REDACTED] is employed with [REDACTED] [REDACTED] earning \$20.00 per hour and working 40 hours per week (\$20 x 40 = \$800 x 4.3) or

\$3440.00 per month. There is no other income in this household. (Appellant testimony)

9. On ██████ 2016, AHCT discontinued the Appellant's Husky A Parents and Caretakers because the one year extension expired and the income listed on application # ██████ exceeded the income limit for Husky A Medicaid. (AHCT testimony)
10. The Appellants child remains active Husky A Medicaid for children under 19 years of age. (AHCT testimony)
11. The Federal Poverty Level ("FPL") for the Husky A for the children for a household of three is \$3,376.80. (Hearing summary)
12. The FPL for the Husky A for the Parent/ Caretakers relatives for a household of three is \$2,604.00. (Hearing summary)
13. The Appellant and her spouse have medical conditions that require bi-annual visits with their doctors and require ongoing prescription medications they can-not afford out of pocket.
14. The Appellant would like an extension of either traditional Medicaid Husky A or the Temporary Medicaid Assistance for another year or at least until they report a change of upcoming future financial changes.
15. The Federal Poverty Limit ("FPL") for a family of three at time of enrollment was \$ 20,160.00 per year which converted equals to \$1680.00 (20,160/12) 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,

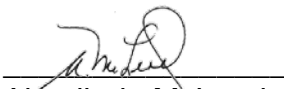
- inclusive, and 17b-600 to 17b-604, inclusive, are extended to the medical assistance program except such provisions as are inconsistent with federal law and regulations governing Title XIX of the Social Security Amendments of 1965 and sections 17b-260 to 17b-262, inclusive, 17b-264 to 17b-285, inclusive, and 17b-357 to 17b-361, inclusive
3. Title 45 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.
 4. 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
 5. 45 CFR 155.505 (d) Eligible entities. An appeals process established under this subpart must comply with § 155.110 (a).
 6. 42 CFR § 435.603 (d) (1) (4) provides for the application of the household’s modified adjusted gross income (“MAGI”). The household’s income is the sum of the 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.
 7. Five percent of the FPL for a family of three is \$ 1008.00 ($\$20,160 \times .05$) per year which was converted to \$84.00 ($\$1008/12$) per month.
 8. The Appellant’s household countable MAGI for a household of three based on the reported income at time of application was \$3356.00 ($\$3440.00 - 84.00$) per month.
 9. 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.

10. One hundred fifty percent of the FPL for a household of three is \$2520.00. (\$1680.00 x 1.50).
11. The Appellant countable MAGI household income of \$3356.00 per month exceeds the income threshold for Medicaid / Husky A for Parents and Caretakers for a household of three, \$ 2520.00.
12. AHCT was correct to deny Husky A Medicaid for Parents and Caretakers for the Appellant and her spouse as they were over the income limit.

DECISION

The Appellant's appeal is DENIED.


Almelinda McLeod
Hearing Officer

CC: Krystal Sherman Davis, Health Insurance Exchange, Access Health 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.