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

[redacted] **2016**
Signature Confirmation

Client ID # [redacted]
Hearing Request # 780303

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2016, Department of Social Services (the "Department") sent a Notice of Action ("NOA") discontinuing [redacted] (the "Appellant") Medicaid/HUSKY A Transitional Medical Assistance ("TMA") healthcare coverage.

On [redacted] 2016, the Appellant requested a hearing to contest the Department's action.

On [redacted] 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted] 2016.

On [redacted] 2016, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statues, OLCRAH held an administrative hearing. The following individuals participated in the hearing:

[redacted] Appellant's spouse
Temiste King, Access Health CT ("AHCT") Representative
Marci Ostroski, Hearing Officer

The Hearing Record was held open pending additional information. Exhibits were received and the Record closed [redacted] 2016.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Medicaid/HUSKY A Transitional Medical Assistance ("TMA") healthcare coverage effective [redacted] 2016.

FINDINGS OF FACT

1. The Appellant's household consists of three members that include himself, his spouse, and one child (Ex. A: Application [redacted] Appellant's spouse's testimony).

2. The Appellant's family received HUSKY A Medicaid for Families for the 2014 calendar year. (AHCT testimony)

3. On [redacted] 2014 the Department discontinued the HUSKY A Medicaid and granted HUSKY A Transitional Medical Assistance ("TMA") healthcare coverage effective [redacted] 2015 (Ex. E: Notice of Action [redacted]/14).

4. On [redacted] 2016, the Department discontinued the TMA healthcare coverage effective [redacted] 2016 (Exhibit F: Notice of Action [redacted]/16).

5. The Appellant's household received TMA from [redacted] 2015 through [redacted] 2016 (Hearing Record).

6. The Appellant received TMA for nineteen months (Hearing Record).

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. UPM § 2540.09 (A) (1) provides 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; or the assistance unit was discontinued, wholly or partly, due to new or increased child support income.

7. 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.

8. The Department was correct to discontinue the TMA effective [redacted] 2016 after the Appellant received eligibility under that coverage plan for the duration of twelve months.

DISCUSSION

When the Appellant's family exceeded the income limit for HUSKY A Medicaid for Families in 2014 the Department correctly explored eligibility for other programs. The Department also correctly granted them the year-long extension of Medicaid benefits under the Transitional Medical Assistance program also known as Extended Medical Assistance. The Department failed to discontinue the TMA after the twelve months expired and continued the benefits for nineteen months.

The Appellant's spouse argued that the family was unaware that they had been granted the Medicaid and had applied for an Advanced Premium Tax Credit ("APTC") and enrolled in a Qualified Health Plan ("QHP") through Access Health.

The Appellant's confusion is understandable, however, the evidence provided by AHCT does support that the Appellant was informed in writing in December 2014 of the TMA eligibility. The Appellant's family was given the extension for over twelve months as outlined in regulations and was correctly discontinued from that program after the twelve months expired. The Appellant is encouraged to reapply for medical assistance through the AHCT system for ongoing eligibility.

DECISION

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

Marci Ostroski
Hearing Officer

Pc: Stephanie Arroyo, 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.