

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

CLIENT No # ██████████  
Request # 780450

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2016 the Health Insurance Exchange Access Health CT- (“AHCT”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying the Appellant’s Medicaid Husky A healthcare coverage.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the decision to deny 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, the Appellant requested to re-schedule her administrative hearing and it was granted.

On ██████████ 2016, 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  
 ██████████ ██████████ ██████████, Appellant's support  
 Judy Boucher, AHCT Supervising Representative  
 Sabrina Solis, AHCT Representative  
 Almelinda McLeod, Hearing Officer

The record was held open for the submission of additional evidence. The record closed on ██████████ 2016.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether ACHT correctly denied the Medicaid Husky A Parents and Caretakers benefits.

### **FINDINGS OF FACT**

1. On ██████████ 2016, the Appellant submitted a telephone application requesting medical insurance for herself, her spouse and her 3 children. (Exhibit #1- Access Health application # )
2. Prior to this application, the Appellant was awarded a one year extension of Husky A Medicaid called the Transitional Medical Assistance ("TMA") effective ██████/15 to ██████ ██████ 2016. (Hearing summary)
3. In June 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)
4. The Appellant's tax filing status is married filing together with her spouse, ██████████. (Appellants testimony)
5. The Appellant resides in ██████████, CT. which is in ██████████ County. (Exhibit #1, AHCT application)

6. The Appellant's household of four (4) consists of the Appellant (age 41), her spouse [REDACTED] (age 43) and her two daughters, [REDACTED] and [REDACTED], both are under 19 years of age. (Exhibit #1, AHCT application and AHCT testimony)
7. The Appellant's son, [REDACTED] is not her tax dependent for 2015 taxes. He is claimed by the Appellant's ex-spouse. (Exhibit #1, AHCT application)
8. On [REDACTED] 2016, Access Health CT ("AHCT") discontinued the Appellant's HUSKY A Parents and Caretakers for the Appellant and her spouse because the household's income exceeded the income limit. The Appellant was found eligible for a Qualified Health Plan with a Cost sharing Reduction and eligible to receive \$516.00 in Advanced Premium Tax Credits per month. (Exhibit #8, Application Results Notice, AHCT testimony)
9. The Appellant's children remain eligible for the Husky A Medicaid for children under 19<sup>th</sup> birthday. (Exhibit #8, Application results Notice).
10. The Appellant disputes the household size because the Appellant's son resides with her. The Appellant states her household is five (5). (Appellant's testimony)
11. The Appellant reported a yearly modified adjusted gross income ("MAGI") totaled \$40,320.00. (Appellant's testimony )
12. At this hearing, the Appellant reported a household monthly gross income of \$3360.00 per month. (Appellant's testimony)
13. The Federal Poverty Limit ("FPL") for a household of four at the time of enrollment is \$24,300 per year which converted equals \$2025.00 ( $\$24,300.00 / 12 = \$2025.00$ ) 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 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) 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 in the individual’s household.
7. 42 CFR 435.603 (f) *Household—(1) Basic rule for taxpayers not claimed as a tax dependent.* In the case of an individual who expects to file a tax return for the taxable year in which an initial determination or renewal of eligibility is being made, and who does not expect to be claimed as a tax dependent by another taxpayer, the household consists of the taxpayer and, subject to paragraph (f) (5) of this section, all persons whom such individual expects to claim as a tax dependent.

(i) Individuals other than a spouse or a biological, adopted, or step child who expect to be claimed as a tax dependent by another taxpayer;

(ii) Individuals under the age specified by the State under paragraph (f)(3)(iv) of this section who expect to be claimed by one parent as a tax dependent and are living with both parents but whose parents do not expect to file a joint tax return; and

(iii) Individuals under the age specified by the State under paragraph (f) (3) (iv) of this section who expect to be claimed as a tax dependent by a non-custodial parent. For purposes of this section—

8. 42 CFR § 435.603 (f) (2) provides in part the Basic rule for individuals claimed as a tax dependent. In the case of an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which an initial determination or renewal of eligibility is being made; the household is the household of the taxpayer claiming such individual as a tax dependent.
9. The Appellant did not claim her son as her tax dependent in 2015; therefore, MAGI household consists of the Appellant, her spouse and her two daughters. AHCT determined correctly that the Appellant is a household of four.
10. The Appellant's son, who is claimed by someone outside of the home, AHCT correctly, determined he is a household of 5 consisting of himself, his mother, her spouse and his two siblings.
11. 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.
12. Five percent of the FPL for a family of four is \$1215.00 ( $\$24,300 \times .05$ ) per year which was converted to \$101.25 ( $\$1215.00 / 12$ ) per month.

13. The Appellant's household countable MAGI for a household of four based on the reported income at time of application was \$3258.75 (\$3360.00-\$101.25) per month.
14. 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.
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 four is \$3037.00 (\$2025.00 X 1.50) per month.
17. The Appellant's household countable MAGI household income of \$3258.75 per month exceeds the income threshold for a household of four of \$3037.00.
18. The Appellant is over income for the Medicaid Husky A medical insurance.
19. AHCT was correct to deny the Appellant's application for Medicaid Husky A as a household of four.

### **DISCUSSION**


Under the Affordable Care Act, a household does not necessarily consist of the people with whom you live with and are related to. In the Medicaid and CHIP programs, household size may be different within the same household. The household is determined by the tax relationship among individuals and it begins with the tax filer and her claimed dependents.

In this case, the Appellant is married filing together with her spouse and claimed two of her children, [REDACTED] and [REDACTED] thus the Appellant is a household of four. The remaining child, [REDACTED] was claimed by the non-custodial parent as his tax dependent therefore [REDACTED] household composition consists of himself, the Appellant, her spouse and his two siblings. He is a separate household of 5.

Based on the policy and the documents presented, AHCT was correct to deny the Husky A Medicaid for Parents and Caretakers because the income exceeded the federal poverty limit for a family of four. Surely, the Appellant is encouraged to apply again if there should be any changes to her circumstances.

### **DECISION**

The Appellant's appeal is DENIED.

  
Almelinda McLeod  
Hearing Officer

CC: Judy Boucher, Health Insurance Exchange Access Health CT  
Sabrina Solis, 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.