

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 # 787899

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2016 the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing the Medicaid Husky A Parents and Caretakers healthcare coverage for the Appellant effective ██████████ 2016.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the decision to discontinue of 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 a re-scheduled 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:

██████████ are, Appellant
Debra Henry, AHCT Representative
Cathy Davis, AHCT Representative
Almelinda McLeod, Hearing Officer

The hearing record was held open for submission of additional documents. On ██████████ 2016, the Hearing record was closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether ACHT correctly denied the Medicaid Husky A healthcare insurance.

FINDINGS OF FACT

1. The Appellant was active on Husky A Transitional Medical Assistance from ██████████ 2015 through ██████████ 2016. (AHCT's testimony)
2. On ██████████ 2016, Access Health CT ("AHCT") submitted an online change application requesting medical insurance for the Appellant and her daughter. (Hearing Summary)
3. The Appellant's tax filing status is Single filing taxes. (Hearing Summary)
4. The Appellant's daughter is 15 years old and resides with the Appellant. The Appellant is a household of two. (Hearing Summary)
5. The Appellant last self-reported a gross monthly income of \$2472.00. (Hearing summary)
6. The FPL for children under 19 in a household of two is \$2,683.00 (201% of the FPL).
7. The FPL for Parents and Caretakers in a household of two is \$2,069.00 (155% of the FPL).
8. AHCT discontinued the Appellant's Husky A Parents and Caretakers because she exceeded the income limit. (AHCT testimony)
9. The Appellant's child remains on Husky A Medicaid for children.

10. The Federal Poverty Limit (“FPL”) for a household of two at the time of enrollment is \$16,020.00 per year which converted equals \$1335.00 (\$16,020.00 /12= \$1335.00) 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) (1) (2) (iii) (3) (iii) provides for the construction of the modified adjusted gross income ("MAGI") household.
 8. The Appellant files as single filing taxes. Her Magi household consists of herself and her daughter. The child's MAGI household consists of herself and her mother. She is a household of two.
 9. 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.
 10. Five percent of the FPL for a family of two is \$801.00 ($\$16020 \times .05$) per year which was converted to \$66.75 ($\$801.00 / 12$) per month.
 11. The Appellant's household countable MAGI for a household of two based on the reported income at time of application was \$2405.25 ($\$2472.00 - \66.75) per month.
 12. Title 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.
 13. Public Act 15-5 June Sp. Session 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 percent 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 percent 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 percent of the federal poverty level without an asset limit.
14. One hundred fifty percent of the FPL for a household of two is \$2002.50 (\$1335.00 x 1.50) per month.
 15. The Appellant's household countable MAGI household income of \$2405.25 per month exceeds the income threshold for two (\$2002.50) for Medicaid / Husky A for Parents and Caretakers.
 16. The Appellant is over income for the Medicaid Husky A for Parents and Caretakers. AHCT was correct to discontinue the Medicaid Husky A.
 17. AHCT was correct to deny the Appellant's application for Medicaid Husky A as a household of two.

DISCUSSION


AHCT correctly discontinued the Medicaid Husky A as the household income exceeded the FPL for a household of two using the information they had at the time when the TMA expired on [REDACTED] 2016. It should be noted that during the hearing, the Appellant reported a higher monthly income.

The Appellant has Melanoma stage 4 and though still working, unable to afford the QHP even with an Advanced Premium Tax Credit as an extra payment from her monthly bills. The Appellant states that without the insurance, she would not be able to afford her chemo therapy and will surely succumb to her disease.

The Appellant is encouraged to seek medical assistance and guidance through the Department of Social Services for either a Husky C program, S05 Husky C Medicaid for the employed disabled adults or Medicaid Spenddown program.

DECISION

The Appellant's appeal is DENIED.


Aimeleinda McLeod
Hearing Officer

CC: Judith Boucher, Health Insurance Exchange, Access Health CT
Debra Henry, Health Insurance Exchange, Access Health CT
Cathy 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.