

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 # 794253

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 spouse Medicaid Husky D healthcare coverage.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the decision to deny Medicaid/ Husky D 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  
██████████, Appellant’s spouse  
Sabrina Solis, AHCT Representative  
Judy Boucher, AHCT Supervisor  
Almelinda McLeod, Hearing Officer

The hearing record was closed on ██████████ 2016.

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether ACHT correctly denied the Medicaid Husky D benefits for the Appellant's spouse.

## **FINDINGS OF FACT**

1. On [REDACTED] 2016, the Appellant submitted an online application requesting medical insurance for herself and her spouse. (Exhibit #1- Access Health application # [REDACTED])
2. The Appellant and her spouse reside in the town of [REDACTED] and is a household of 2. (Hearing summary)
3. The Appellant's spouse was 65 years old. (DOB [REDACTED]/51) at the time the Appellant submitted the application through the State of Connecticut Health Insurance Exchange. (Exhibit 1, AHCT application # [REDACTED])
4. The Appellant reported a household monthly gross income of \$1701.35 per month. This monthly income is comprised of \$949.35 for the Appellant and \$752.00 for the Appellant's spouse. (Exhibit 1, AHCT application)
5. The Federal Poverty Limit for a household of two is \$1775.55 monthly. (Hearing Officer Exhibit, Income limits & Standards chart)
6. The Appellant's spouse is active Medicare Part A and Part B effective [REDACTED] 2016 and currently receiving Medicare. (Appellant testimony)
7. On [REDACTED] 2016, AHCT sent a Notice of Action (NOA") granting the Appellant Medicaid Husky D coverage and denying Husky D Medicaid coverage to the Appellant spouse because he did not meet the age criteria and was receiving Medicare. (Exhibit 4, Notice of Action Letter)

## **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. **AHCT correctly determined that the Appellant’s household consisted of herself and her spouse. This is a household of two.**
  8. 26 CFR 1.5000 A-2 b) (i) (ii) pertains to Minimum essential coverage and provides in part: In general, Minimum essential coverage means coverage under a government – sponsored program. A Government- sponsored program means any of the following: Medicare. The Medicare program

under part A of the Title XVIII of the Social Security Act (42 USC 1395c and the following sections); and Medicaid. The Medicaid program under Title XIX of the Social Security ACT (42 U.S.C. 1396 and the following sections).

9. 42 CFR § 435.119 (b) provides that Medicaid health coverage is available for the individuals age 19 or older and under age 65 at or below 133 percent of the Federal Poverty Limit ("FPL"). Eligibility. Effective January 1, 2014, the agency must provide Medicaid to individuals who: 1) Are age 19 or older and under age 65; 2) Are not pregnant; 3) Are not entitled to or enrolled for Medicare benefits under part A or B of the title XVIII of the Act; 4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and 5) Have household income that is at or below 133 percent FPL for the applicable family size.

**10. AHCT correctly determined the Appellant's spouse is age 65.**

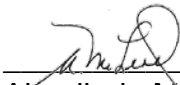
**11. AHCT correctly determined that the Appellant's spouse is entitled to and currently enrolled on Medicare benefits.**

**12. AHCT correctly determined Husky D eligibility for the Appellant as her income was within the 133 percent income threshold for a household of two for the Medicaid Husky D medical insurance.**

**13. AHCT correctly denied the Appellant's spouse application for Medicaid Husky D because he did not fit the age criteria and currently had minimum essential coverage through Medicare benefits.**

### **DECISION**

The Appellant's appeal is DENIED.

  
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Almelinda McLeod  
Hearing Officer

CC: Judith 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.