

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

██████████ 2017
Signature Confirmation

CLIENT No # ██████████
Request # 828696

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2017 the Health Insurance Exchange Access Health CT- (“AHCT”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying the Medicaid/ Husky A Parents and Caretakers healthcare coverage for the Appellant and her spouse effective ██████████ 2017.

On ██████████ 2017, the Appellant requested an administrative hearing to contest the decision to deny Medicaid/ Husky A Transitional Medical Assistance (“TMA”) benefits.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, in accordance with sections 17b-60, 17b-264 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, Title 45 Code of Federal Regulations (“CFR”) §§ 155.505(b) and 155.510 and/or 42 CFR § 457.113, OLCRAH held an administrative hearing by telephone.

The following individuals were present at the hearing:

██████████ Appellant
██████████ Appellant’s spouse
Krystal Sherman-Davis, AHCT Representative
Almelinda McLeod, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether ACHT correctly denied the Medicaid Husky A, Transitional Medical Assistance ("TMA") healthcare insurance.

FINDINGS OF FACT

1. In █████ 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)
2. The Appellant was active on Husky A Transitional Medical Assistance from █████ 2016 through █████ 2017. (Hearing Summary)
3. On █████ 2017, AHCT submitted a change reporting telephone application through the State of Connecticut Health Insurance Exchange. (AHCT application)
4. The application requesting medical assistance was for the Appellant, age 41, her spouse age 48 and three children, ages 7, 14 and 16. (Hearing record)
5. The Appellant's tax filing status is married filing taxes together with spouse. The children ages 7 and 14 are their tax dependents. (Hearing record)
6. The 16 year old child is a tax dependent of someone outside of the household. (Hearing record)
7. The Appellant's 16 year old child was not the Appellant's tax dependent for the 2016 taxes. The Appellant is a household of 4. (Exhibit #1, AHCT application)
8. The Appellant disputes the household size because the 16 year old resides with her. The Appellant states her household is five (5). (Appellant's testimony)
9. The Appellant reported an annual income of \$57,000 and gross monthly income of \$4614.00 on their application. (Exhibit #1, AHCT application)

10. AHCT discontinued the Appellant's Husky A Parents and Caretakers because the TMA period expired. (AHCT testimony)
11. The TMA is a 12 month temporary medical assistance program after the loss of Husky A Medicaid due to earnings. (Hearing record)
12. The Appellants children remain on Husky A Medicaid for children. (Hearing summary)
13. The FPL for Parents and Caretakers in a household of 4 is \$3177.50 (155% of the FPL).
14. The Federal Poverty Limit ("FPL") for a household of four at the time of enrollment is \$24,600 per year which converted equals \$2050.00 ($\$24,600.00 / 12 = 2050$) per month. (Federal Register).
15. The Appellants submitted paystubs for purposes of this hearing and they as follows:

Andrea:

█/17	\$512.00
█/17	\$512.00
Total:	\$1024.00
Total divided by 2, multiplied by 2.15 (Bi-weekly pay) or $\$512.00/2=\256.00×4.3	\$1100.80

Peter:

█/17	\$1070.57
█/17	\$988.65
█/17	\$939.41
█/17	\$939.41
Total:	\$3938.04
Total divided by 4, multiplied by 4.3 weekly pay (average)	\$4233.39

The total combined household income based on these paystubs is \$5334.19. ($\$1100.80 + \4233.39)

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 (“MAGHI”) household.
8. 42 CFR 435.603 (f) *Household*— (1) *Basic rules 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—
9. 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.
 - 10. AHCT determined correctly that the Appellant is a household of four. The Appellant did not claim her 16 year old as her tax dependent in 2016; therefore, MAGI household consists of the Appellant, her spouse and her two children ages 7 and 14.**
 - 11. AHCT correctly determined the 16 year old, who is claimed by someone outside of the home, is a household of 5 consisting of herself, her mother, her father and her two siblings.**
 12. Uniform Policy Manual (“IPM”) § 5025.05 B. 2 provides, in part, if income is received on other than a monthly basis, the estimate of income is calculated by multiplying 4.3 by a representative weekly amount .
 13. 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.
 - 14. Five percent of the FPL for a family of four is \$1230 ($\$24,600 \times .05$) per year which was converted to \$102.50 ($\$1230/ 12$) per month.**

- 15. The Appellant's household countable MAGI for a household of four based on the reported income at time of application was \$4511.50 (\$4614.00- \$102.50) per month.**
16. Title 42 CFR § 435.110 (b) (c) (2) (i) provides that the agency must provide Medicaid to Parents and Care taker relatives whose income is at or below the income standard established by the agency in the State Plan.
17. Title 42 CFR §435.118 (b) (2) (ii) provides that the agency must provide Medicaid to children under age 19 whose income is at or below the income standard established by the agency in its State Plan.
18. 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 (150%) of the federal poverty level without an asset limit.
19. One hundred fifty percent of the FPL for a household of four is \$3075.00 (\$2050.00 x 1.50) per month.
- 20. The Appellant's household countable MAGI household income of \$4511.50 per month exceeds the income threshold for four, (\$3075.00) for Medicaid / Husky A for Parents and Caretakers for a household of four.**
- 21. The Appellant is over income for the Medicaid Husky A for Parents and Caretakers. AHCT was correct to discontinue the Husky TMA.**
- 22. AHCT was correct to deny the Appellant's application for Medicaid Husky A, TMA as a household of four.**

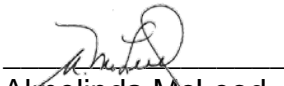
DISCUSSION

The Temporary Medical Assistance ("TMA") is a maximum coverage of twelve (12) months. The Appellant was granted the TMA from [REDACTED] 2016 to [REDACTED] 2017. Once the TMA had expired, the Appellant can be eligible for Husky Medicaid for parents and caretakers if the countable income is under 155% of the FPL, which is \$3177.50 for a family of four.

For purposes of this decision, I used the income reported on the Appellants application as it was much lower than paystubs provided for this hearing. However, the Appellant's income exceeded the income limit and thus does not qualify for Husky Medical for parents and caretakers at this time.

DECISION

The Appellant's appeal is DENIED.



Almelinda McLeod
Hearing Officer

CC: Amanda Maloney, Health Insurance Exchange, Access Health CT
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.