

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 # 829053

NOTICE OF DECISION

PARTY

████████████████████
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PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services - (“the Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying Husky B/CHIP– band 2 Medicaid coverage.

On ██████████ 2017, the Appellant, requested an administrative hearing to contest the Department’s determination.

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, 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
Cathy Davis, Department’s Representative
Almelinda McLeod, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's application for Husky B/CHIP Medicaid benefits.

FINDINGS OF FACT

1. On [REDACTED] 2017, the Appellant submitted a telephone application for Husky B/ CHIP Medicaid assistance for her 3 year old child. (Exhibit 1, AHCT application # [REDACTED])
2. The Appellant filed her taxes as head of household and claimed her child as her tax dependent. (Exhibit 1, application)
3. On [REDACTED] 2017, the Appellant reported an annual income of \$55,000 and monthly income of \$4,536.00. (Exhibit B and Appellant testimony)
4. On [REDACTED] 2017, the Department determined that the Appellant's monthly income of \$4536.00 exceeded the Federal poverty level for a household of two \$4371.00 under the Husky B/ CHIP Medicaid program in band two (2). (Hearing record)
5. The Federal Poverty Limit ("FPL") for a household of two is \$16,240 annually which converted is \$1353.33 per month. (Federal Register)
6. The Annual Income Limit for HUSKY B band 2 for a household of two is \$51,643.20. The monthly FPL for a household of two is \$4,302.54. (Fair Hearing Exhibit, Connecticut HUSKY Health Program Annual Income Guideline – effective [REDACTED] 2017)
7. On [REDACTED] 2017 the Department discontinued the Husky B/ CHIP Medicaid assistance effective [REDACTED] 2017 for exceeding the income limit. (Exhibit4)

CONCLUSIONS OF LAW

1. Section 17b-2 and § 17b-260 of the Connecticut General Statutes, authorizes the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. CGS § 17b-264 provides that 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 7b-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. 45 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) or 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) 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: (1) An entity: (i) Incorporated under, and subject to the laws of, one or more States; (ii) That has demonstrated experience on a State or regional basis in the individual and small group health insurance markets and in benefits coverage; and (iii) Is not a health insurance issuer or treated as a health insurance issuer under subsection (a) or (b) of section 52 of the Code of 1986 as a member of the same controlled group of corporations (or under common control with) as a health insurance issuer; or (2) The State Medicaid agency, or any other State agency that meets the qualifications of paragraph (a)(1) of this section.
 6. Title 45 of the CFR § 155.305 (d) provides eligibility for the CHIP. The Exchange must determine an applicant eligible for CHIP if he or she meets the requirements of 42 CFR 457.310 through 457.320 and has a household income, as defined in 42 CFR 435.603 (d), at or below the applicable CHIP MAGI-based income standard.
 7. 42 CFR 457.310 (b) Standards. A targeted low-income child must meet the following standards. (1) Financial need standard. A targeted low-income child: (i) has family income at or below 200 percent of the Federal poverty line for a family of the size involved. (ii) Resides in a State with no Medicaid applicable income level or; (iii) Resides in a State that has a Medicaid applicable income level and has family income that either (A) Exceeds the Medicaid applicable income level for the age of such child, but not by more than 50 percentage points; or (B) Does not exceed the income level specified for such child to be eligible for medical assistance under policies of the State plan under title XIX on June 1, 1997. (2) No other coverage standard. A targeted low-income child must not be - **(i)** Found eligible or potentially eligible for Medicaid under policies of the State plan (determined through either the Medicaid application process or

the screening process described at § 457.350), except for eligibility under § 435.214 of this chapter (related to coverage for family planning services); **(ii)** Covered under a group health plan or under health insurance coverage, as defined in section 2791 of the Public Health Service Act, unless the plan or health insurance coverage program has been in operation since before July 1, 1997 and is administered by a State that receives no Federal funds for the program's operation. A child is not considered covered under a group health plan or health insurance coverage if the child does not have reasonable geographic access to care under that plan.

8. 42 CFR § 457.320 (a) provides for eligibility standards. To the extent consistent with title XIX of the Act and except as provided in paragraph (b) of this section, the State plan may adopt eligibility standards for one or more groups of children related to- (1) Geographic area(s) served by the plan; (2) Age (up to , but not including , age 19); (3) Income; (4) Spend downs; (5) Residency, in accordance with paragraph (d) of this section; (6) Disability status, provided that such standards do not restrict eligibility; (7) Access to, or coverage under , other health coverage; and (8) Duration of eligibility, in accordance with paragraph (e) of this section.

9. The Appellant's child is under the age of 19.

10. The Appellant's child is not eligible for traditional Medicaid or covered under a group health plan or other health insurance coverage.

11. 42 CFR § 435.603 (f) (2) provides 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 initial determination or renewal of eligibility is being made, the household is the household of the taxpayer claiming such individual as a tax dependent.

12. AHCT correctly determined the Appellant is a household of two.

13. 42 CFR § 435.603 (d) (1) Household income. 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 included in the individuals household.

14. 42 CFR § 435.603 (d) provides for the application of the household's modified adjusted gross income ("MAGI"). A State must subtract an amount equivalent to 5 percentage points of the Federal poverty level for the applicable family size.

15. Five percent of the FPL for a household of two equals \$67.67 ($\$1353.33 \times .05$)

16. The Appellant's applicable MAGI equals \$4468.33 (\$4536.00- \$67.67)

17. Conn. General Statutes of Connecticut ("Conn. Gen. Stat") 17b-292 (a) provides a child who resides in a household with household income which exceeds one hundred ninety-six percent of the federal poverty level and does not exceed three hundred eighteen percent of the federal poverty level may be eligible for benefits under Husky B.

18. State Plan Amendment ("SPA") # 14-0007MM7 provides in part that the income limit for HUSKY B band 2 is between 250 percent and 318 percent of the FPL for the applicable household size.

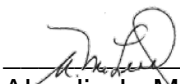
19. Three hundred eighteen percent of \$1353.34 equals \$4303.62 ($\$1353.34 \times 3.18$)

20. The Appellant's \$4468.33 monthly MAGI exceed the \$4303.62 income limit for a two person household.

21. AHCT was correct to discontinue the HUSKY B band 2 healthcare coverage for excess income.

DECISION

The Appellant's appeal is DENIED.



Almelinda McLeod
Hearing Officer

CC: 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.