

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

██████████ 2018
Signature Confirmation

Client ID # ██████████
Hearing Request # ██████████

NOTICE OF DECISION

PARTY

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██████████
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PROCEDURAL BACKGROUND

On ██████████, 2018, the Health Insurance Exchange Access Health CT (“AHCT”) issued ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing medical benefits for her and her spouse, ██████████, under the HUSKY A Transitional Medical Assistance program effective ██████████, 2018.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the Department’s decision to discontinue such benefits.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2018.

On ██████████, 2018, the Appellant requested to reschedule the administrative hearing.

On ██████████ 2018, the OLCRAH issued a notice scheduling the administrative hearing for ██████████, 2018.

On ██████████, 2018, 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:

██████████, the Appellant
Debra Henry, Appeals Coordinator, Access Health CT representative
Roberta Gould, Hearing Officer

At the Appellant's request, the hearing record remained open for the submission of additional evidence. On [REDACTED], 2018, the record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether AHCT's decision to discontinue the Appellant's HUSKY A medical benefits for her and her spouse and not provide a new period of eligibility for HUSKY A Transitional Medical Assistance was correct.

FINDINGS OF FACT

1. The Appellant received HUSKY A Medical Assistance for Families for herself, her spouse, and her child. (Hearing record)
2. The Appellant's spouse, [REDACTED] [REDACTED], began employment with [REDACTED] [REDACTED] in [REDACTED] of 2017 and was earning \$17.50 per hour at 40 hours per week. (Exhibit 7: W-2 and earnings summary)
3. The Appellant began employment with [REDACTED] in [REDACTED] of 2017 and was earning \$12.00 per hour at 40 hours per week. (Exhibit 7 and Appellant's testimony)
4. The Department granted HUSKY A Transitional Medical Assistance for the Appellant and her spouse effective [REDACTED] 2017, because their gross earnings were over the income limit for Husky A for Parents & Caretakers. (Hearing summary)
5. The Appellant's child, [REDACTED] (D.O.B. [REDACTED]), continues to receive HUSKY A for Children. (Exhibit 3: Notice of Results of Healthcare Renewal dated [REDACTED] and Hearing summary)
6. The Appellant received HUSKY A Transitional Medical Assistance for herself and her spouse from [REDACTED] 2017, through [REDACTED] 2018. (Exhibit 7: Eligibility determination and Hearing summary)
7. The Appellant's spouse stopped working for [REDACTED] in [REDACTED] of 2017. (Exhibit 7 and Appellant's testimony)
8. On [REDACTED] [REDACTED], 2018, AHCT conducted a HUSKY renewal for the Appellant's household. (Hearing summary)
9. On [REDACTED], 2018, AHCT sent the Appellant a Notice of Discontinuance for HUSKY A Transitional Medical Assistance because the maximum coverage period is twelve months and eligibility for medical assistance ended on [REDACTED], 2018. (Exhibit 3 and Hearing summary)

10. The Appellant now earns \$16.00 per hour at 40 hours per week, or \$2,752.00 gross per month ($\$16.00 \times 40 \text{ hours} = \$640.00 \times 4.3 = \$2,752.00$). (Appellant's testimony)

CONCLUSIONS OF LAW

1. Section 17b-190 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Uniform Policy Manual ("UPM") § 2540.01 provides for the various Medicaid coverage groups and states that In order to qualify for MA, an individual must meet the conditions of at least one coverage group.
3. UPM § 2540.24 provides for HUSKY A, Medicaid for families and states that this group includes children, their parents, certain non-parent caretaker relatives, and pregnant women as described below.

1. Degree of Relationship

- a. A child must reside with a parent or other caretaker who is related to him or her to the degree listed in any of the following categories:

- | | |
|----------------------------------------------------------------|---------------------------|
| (1) grandparent | step parents |
| sibling | half-sibling |
| aunt or uncle | nephew or niece |
| great grandparent | great great grandparent |
| great aunt or uncle | great great aunt or uncle |
| step siblings | immediate first cousin |
| half siblings of either parents (equivalent of aunt or uncle); | |

4. UPM § 2540.24(D) provides that the Department uses AFDC income criteria to determine eligibility for HUSKY A, Medicaid for families except as described below.

1. Income Limit

- a. The income limit for this coverage group is the 185% of the Federal Poverty level that corresponds to the needs group size.

5. Effective March 1, 2017, 185% of the monthly Federal Poverty Level ("FPL") for a family size of three was \$3,148.70. (Federal Register, Vol. 82, No. 19, January 31, 2017)
6. In ██████ 2017, the Department correctly determined that the Appellant's gross earned income was in excess of the income limit for HUSKY A, Medicaid for families for a needs group of three people.

7. Connecticut General Statutes § 17b-261(f) provides that to the extent permitted by federal law, Medicaid eligibility shall be extended for one year to a family that becomes ineligible for medical assistance under Section 1931 of the Social Security Act due to income from employment by one of its members who is a caretaker relative or due to receipt of child support income. A family receiving extended benefits on July 1, 2005, shall receive the balance of such extended benefits, provided no such family shall receive more than twelve additional months of such benefits.
8. UPM § 2540.09(A) provides that 1. the group of people who qualify for Extended Medical Assistance includes members of assistance units who lose eligibility for HUSKY A for Families (F07) (cross reference: 2540.24) under the following circumstances:
 - a. the assistance unit becomes ineligible because of hours of, or income from, employment; or
 - b. the assistance unit was discontinued, wholly or partly, due to new or increased child support income.2. The assistance unit is not required to pass any income or asset tests during the twelve month period of eligibility for Extended Medical Assistance.
9. The Department correctly granted HUSKY A – Transitional Medical Assistance for the Appellant and her spouse effective [REDACTED] 2017, because they lost eligibility for Husky A for Families due to income from employment.
10. UPM § 2540.09(B) provides for the duration of eligibility of HUSKY A - Extended Medical Assistance:
 1. Individuals qualify for HUSKY A under this coverage group for the twelve month period beginning with the first month of ineligibility for HUSKY A for Families (F07).
11. UPM 2540.09(B)(3) provides that Extended Medical Assistance benefits may end prior to the end of the twelve month period of eligibility under the following circumstances:
 - a. the assistance unit moves out of state; or
 - b. all members of the assistance unit expire; or
 - c. there is no longer a child in the home under 19 years of age; or
 - d. the assistance unit applies for an is found eligible for another Medicaid coverage group.

12. AHCT correctly determined that the duration of the Appellant's and the Appellant's spouse's HUSKY A Extended Medical Assistance was for twelve months and that it would not end prior to the twelve month period of eligibility.
13. Public Act 18-81, An Act Concerning Revisions to the State Budget for Fiscal Year 2019 and Deficiency Appropriations for Fiscal Year 2018 provides, in part, that except as provided in section 17b-277 and section 17b-292, 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 [thirty-three] fifty per cent of the federal poverty level without an asset limit.
14. Effective March 1, 2018, 155% of the monthly FPL for a family size of three is \$2,684.60. (Federal Register, Vol. 83, No. 12, January 18, 2018)
15. In [REDACTED] 2018, the Department correctly determined that the Appellant's gross monthly earnings exceeded the allowable limit for HUSKY A Medicaid Assistance for Families.
16. On [REDACTED], 2018, the Department correctly discontinued HUSKY A Transitional Medical Assistance effective [REDACTED] 2018, and did not provide a new period of eligibility for HUSKY A Transitional Medical Assistance for the Appellant and her spouse.

DECISION

The Appellant's appeal is DENIED.


Roberta Gould
Hearing Officer

Pc: Tricia Morelli, Social Services Operations Manager, DSS Manchester
Becky Brown, Health Insurance Exchange Access Health CT
Mike Towers, 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 Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

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 the Commissioner's 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.