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

[redacted], 2018
Signature Confirmation

[redacted]

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2018, the Health Insurance Exchange Access Health CT ("AHCT") sent [redacted] (the "Appellant"), a Notice of Action ("NOA") discontinuing her Medicaid/HUSKY A Extended Medical Assistance ("TMA") healthcare coverage effective [redacted], 2018.

On [redacted], 2018, the Appellant requested a hearing to contest the Department's discontinuance of the TMA.

On [redacted], 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted] 2018.

On [redacted], 2018, the Appellant requested a reschedule of the administrative hearing.

On [redacted], 2018, OLCRAH issued a notice rescheduling the administrative hearing for [redacted] 2018.

On [redacted] 2018, in accordance with sections 17b-60, 17b-264, and 4-176e to 4-189, inclusive, of the Connecticut General Statues, Title 45 of the Code of Federal Regulations ("CFR") §§ 155.510 and/or 42 CFR § 457.1130, OLCRAH held an administrative hearing. The following individuals participated in the hearing:

[redacted], Appellant
Krystal Sherman-Davis, AHCT Representative
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the TMA effective [redacted], 2018.

FINDINGS OF FACT

1. The Appellant's household at the time of renewal consisted of five persons that included herself, her two wards, her mother and her sister. This is a five person household. (Exhibit 3: Renewal Application, [redacted]/18, Appellant's Testimony)

2. The Appellant's mother and sister did not request healthcare coverage. (Exhibit 3)

3. The two wards were approved for Medicaid/HUSKY A healthcare coverage. (Exhibit 1: NOA, [redacted]/18)

4. The Appellant was granted TMA effective [redacted]/17. (Exhibit 2: Eligibility Determination, Department's Testimony)

5. On [redacted] 2018, AHCT received the Appellant's health care renewal form. The Appellant reported she earned $6,000.00 per month. (Exhibit 3)

6. On [redacted] 2018, AHCT notified the Appellant that her Extended Medical Assistance was terminating. (Exhibit 1)

7. The Appellant received TMA healthcare coverage from [redacted] 2017 through [redacted], 2018. (Exhibit 2, Department's Testimony)

8. The Appellant received TMA for twelve months. (Fact 8)

9. The Federal Poverty Limit ("FPL") for a five person household is $2,452.00) 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 of the Code of Federal Regulations ("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) of this section that is designated by the Exchange, if the Exchange establishes an appeals process in accordance with the requirements of this subpart.

4. Title 45 CFR § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).

5. Title 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 26 CFR § 1.36B-1(e)(1) provides in general, household income means the sum of-
   (i) A taxpayer's modified adjusted gross income ("MAGI") (including the modified adjusted gross income of a child for whom an election under section 1(g)(7) is made for the taxable year);
   (ii) The aggregate modified adjusted gross income of all other individuals who-
      (A) Are included in the taxpayer's family under paragraph (d) of this section; and

(B) Are required to file a return of tax imposed by section 1 for the taxable year.

7. Title 42 CFR § 435.603(e) provides that MAGI-based income means income calculated using the same financial methodologies used to determine modified adjusted gross income as defined in section 36B(d)(2)(B) of the Code, with the following exceptions-

   (1) An amount received as a lump sum is counted as income only in the month received.
   (2) Scholarships, awards, or fellowship grants used for education purposes and not for living expensed are excluded from income.
   (3) American Indian/Alaska Native exceptions.

8. Section 36B(d)(2)(B) of the Internal Revenue Code (the "Code") provides that the term "modified adjusted gross income" means adjusted gross income increased by-
   (i) Any amount excluded from gross income under section 911,
   (ii) Any amount of interest received or accrued by the taxpayer during the taxable year which is exempt from tax, and
   (iii) An amount equal to the portion of the taxpayer's social security benefits (as defined in section 86(d)) which is not included in gross income under section 86 for the taxable year.

9. Title 42 CFR § 435.945(a) provides that except where the law requires other procedures (such as for citizenship and immigration status information), the agency may accept attestation of information needed to determine the eligibility of an individual for Medicaid (either self-attestation by the individual or attestation by an adult who is in the applicant's household, as defined in §435.603(f) of this part, or family, as defined in section 36B(d)(1) of the Internal Revenue Code, an authorized representative, or, if the individual is a minor or incapacitated, someone acting responsibly for the individual) without requiring further information (including documentation) from the individual.

10. The State Plan Amendment ("SPA") # 14-0003MM3 provides that financial eligibility will be based on current monthly household income and family size.

11. AHCT correctly determined the Appellant's MAGI equals $6,000.00 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. Section 17b-261(a) CGS provides in part that medical assistance shall be provided 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 fifty per cent of the federal poverty level without an asset limit.

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 two person household equals $122.60 ($2,452.00 x .5% = $122.60).

16. AHCT correctly determined that the Appellant's countable MAGI equals $5,577.00 ($6,000.00 - $122.60 = $5,877.40 or $5,877.00 rounded to the nearest dollar)

17. AHCT correctly determined that the income limit for a parent or caretaker relative in a five person household equals $3,678.00 ($2,452.00 x 150% = $3,678.00) per month.

18. Conn. Gen 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.

19. UPM § 2540.09 (A) (1) provides that 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:

    the assistance unit becomes ineligible because of hours of, or income from, employment; or the assistance unit was discontinued, wholly or partly, due to new or increased child support income.

20. UPM § 2540.09 (B) (1) provides that individuals qualify for HUSKY A under this coverage group for the twelve month period beginning with the first month of ineligibility for F07.

21. The Department correctly determined that the Appellant received TMA from [redacted] 2017 through [redacted], 2018.

22. The Appellant received TMA healthcare coverage for 12 months.

23. In [redacted] 2018, the Department correctly determined that the Appellant's MAGI exceeded the allowable limit for HUSKY A Medicaid assistance for caretaker relatives.

24. On [redacted], 2018, AHCT correctly discontinued the HUSKY A TMA effective [redacted] 2018 and did not provide a new eligibility period for this program.

DECISION

The Appellant's appeal is **DENIED.**

Carla Hardy
Hearing Officer

Pc: Becky Brown, AHCT
Krystal Sherman-Davis, AHCT

Modified Adjusted Gross Income (MAGI) Medicaid and Children's Health Insurance Program (CHIP) Right to Request Reconsideration

For denials or reductions of MAGI Medicaid and CHIP, 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 06105-3725.

Right to Appeal

For denials, terminations or reductions of MAGI Medicaid and CHIP eligibility, 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 extensions 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.