

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

██████████ 2019  
Signature Confirmation

Case ID # ██████████  
Client ID # ██████████  
Request # 132297

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2018, the Health Insurance Exchange Access Health CT (“AHCT”) sent ██████████ (“The Appellant”) a notice of action denying Medicaid/HUSKY A Parents and Caretakers healthcare coverage for ██████████ (“Appellant’s Spouse”) and granting Qualified Health Insurance (“QHP”) with advance premium tax credit (“APTC”) and Medicaid/TMA for their children.

On ██████████ 2018, The Appellant requested a hearing to contest the denial of Medicaid/Husky A benefits for the parent/caretakers in his household.

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

On ██████████ 2018, in accordance with sections 17b-60, 17b-264 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, chapter 45 Code of Federal Regulations (“CFR”) §§ 155.505(b) and 155.510 and/or 42 CFR § 457.1130, OLCRAH held an administrative hearing. The following individuals participated in the hearing:

██████████, Appellant  
██████████, Appellant’s spouse  
Debra Henry Health Insurance Exchange Access Health Appeals Coordinator

Swati Sehgal, Hearing Officer

Hearing Record was left open for submission of additional information. Information was received and record was closed on [REDACTED], 2018.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether AHCT correctly denied the Medicaid/HUSKY A Parent/Caretaker healthcare insurance for the Appellant's spouse.

### **FINDINGS OF FACT**

1. On [REDACTED] 2018, the Department completed a redetermination for medical assistance through AHCT. (Hearing Summary, Exhibit 2: Application Id [REDACTED])
2. The Appellant lives with his wife and their three minor children. (Hearing Summary and Exhibit 2)
3. The Appellant did not request medical assistance through AHCT. (Hearing Summary and Exhibit 2)
4. On [REDACTED], 2018, AHCT updated the Appellant's self-attested monthly income equaling \$6,634.44 per month. (Exhibit 2, AHCT Representative's testimony)
5. The Appellant's total income includes Social Security benefits for the Appellant and his spouse, two pensions and earned income. (Appellant's testimony, AHCT Representative's testimony)
6. On [REDACTED] 2018, Access Health denied HUSKY A medical for Parents and Caretakers because the household's income exceeded the allowable limit. (Exhibit 3: Results of Health Care Renewal sent [REDACTED] 2018)
7. Access Health determined that the Appellant's children qualified for Husky A-Transitional Medical Assistance (Exhibit 3)
8. The Federal Poverty Limit ("FPL") for a family of five at the time of enrollment was \$45,601.00 per year which converted equals \$3800.00 (\$45,601/12).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. 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)(2) 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: the State Medicaid agency, or any other State agency that meets the qualification of paragraph (a)(1) of this section.
6. 42 CFR 435.603(f)(1)(2)(iii)(3)(iii) provides for the construction of the modified adjusted gross income (“MAGI”) household.
7. The Appellant files jointly with his spouse [REDACTED] and claims three tax dependents, [REDACTED]. He has a MAGI household of five persons.
8. [REDACTED] is the Appellant’s spouse. Her MAGI household is the same as the Appellant’s, five persons.

9. [REDACTED] is a tax dependent of the Appellant. Her MAGI household consists of herself, her sibling [REDACTED], her father, the Appellant, and her mother, the Appellant's spouse, [REDACTED]. She has a MAGI household of five persons.
10. [REDACTED] is a tax dependent of the Appellant. His MAGI household consists of himself, his sibling [REDACTED], his father, the Appellant, and his mother, the Appellant's spouse, [REDACTED]. He has a MAGI household of five persons.
11. [REDACTED] is a tax dependent of the Appellant. Her MAGI household consists of herself, her sibling [REDACTED], her father, the Appellant, and her mother, the Appellant's spouse, [REDACTED]. She has a MAGI household of five persons.
12. Title 26 of the Internal Revenue Code ("IRC") section 36B(d)(2)(B) 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.
13. The Appellant's monthly MAGI totaled \$6636.44 in [REDACTED] 2018.
14. 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.
15. Five percent of the FPL for a family of five is \$1471.00 ( $\$29,420.00 \times .05$ ) per year which was converted to \$122.58 ( $\$1471.00/12$ ) per month.
16. The Appellant's household's countable MAGI for a household of five based on the reported income at time of application was \$6513.86 ( $\$6636.44 - \$122.58$ ) per month.
17. 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.

18. 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.
19. Public Act 15-5 June Sp. Session, Section 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 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.
20. One hundred fifty percent of the FPL for a household of five for a parent or caretaker relative totaled \$3678 ( $\$2452.00 \times 1.50$ ) per month.
21. The Appellant's countable MAGI household income of \$6513.86 per month exceeds the income threshold for Medicaid/Husky A for Parents and Caretakers for a household of five, \$3678.00.
22. AHCT was correct to deny Medicaid/HUSKY A for Parents and Caretakers for the Appellant's spouse because his household's income exceeds the limit.

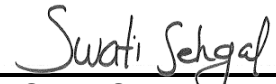
### **DISCUSSION**

HUSKY A Medicaid eligibility is based on Modified Adjusted Gross Income. Based on the income reported by the Appellant and later recalculated by Access Health the family is over income and therefore not eligible for the HUSKY A program. The Appellant's spouse was dissatisfied with the fact that AHCT was using the Appellant's reported earned income to determine her eligibility because it fluctuates every week. The Appellant is encouraged to update his application to report change in his income for future eligibility determinations.

The Appellant's spouse and children were reviewed for alternate coverage. She was determined eligible to buy a health insurance plan for herself and children were determined for Husky A TMA.

**DECISION**

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



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Swati Sehgal  
Fair Hearings Officer

Pc: Becky Brown, AHCT  
Mike Towers, AHCT  
Debra Henry AHCT

**APTC/CSR**  
**Right to Appeal**

For APTC or CSR eligibility determinations, the Appellant has the right to appeal to the United States Department of Health and Human Services (HHS) within 30 days of the date of this decision. To obtain an Appeal Request Form, go to <https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/> or call 1-800-318-2596 (TTY: 1-855-889-4325). HHS will let the Appellant know what it decides within 90 days of the appeal request. There is no right to judicial review of the decision by HHS.

There is no right to request reconsideration for denials or reductions of Advanced Primary Tax Credits (APTC) or Cost Sharing Reduction (CSR).

**MEDICAID AND 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, law, and 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, 25 Sigourney Street, Hartford, CT 06106.

There is no right to request reconsideration for denials or reductions of Advanced Primary Tax Credits (APTC) or Cost Sharing Reduction (CSR).

**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, if 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, 25 Sigourney Street, Hartford, CT 06106. 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.







