

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 # ██████████

**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 the Appellant and ██████████ the “spouse”) effective ██████████ 2018, and granting Qualified Health Insurance (“QHP”) with advance premium tax credit (“APTC”) and Medicaid Husky A Transitional Medical Assistance (“TMA”) for their four children.

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

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████  
██████████ 2019.

On ██████████ 2019, 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  
Debra Henry Health Insurance Exchange Access Health Appeals Coordinator  
Sybil Hardy, Hearing Officer

**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 and her spouse.

**FINDINGS OF FACT**

1. For the period of [REDACTED] 2017 through [REDACTED] 2018, the Appellant and her spouse were previously enrolled with the Medicaid Husky A / TMA program. (Hearing Record)
2. TMA is granted to families with children under the age of 19, who were enrolled with Husky A and lost their coverage because they were over the income limit. TMA is granted for 12 months and cannot be renewed. (Hearing Record)
3. On [REDACTED] 2018, the Department completed a redetermination for medical assistance through AHCT. (Hearing Record, Exhibit 2: Application # [REDACTED] /18)
4. The Appellant lives with her spouse and their four minor children. (Appellant's Testimony, Hearing Record Exhibit 2)
5. The Appellant requested medical assistance for herself, her spouse and their four minor children. (Exhibit 2)
6. The Appellant reported on her application that she and her spouse will file their [REDACTED] taxes as married and filing taxes together and there are four tax dependents. (Hearing Record, Exhibit 2, Exhibit 1: NOA, [REDACTED])
7. On [REDACTED], 2018, AHCT updated the Appellant's self-attested monthly income of \$1,708.18 and her spouse's self-attested monthly income of 2,709.00. (Exhibit 2)
8. [REDACTED] of [REDACTED] Connecticut employs the Appellant part time and she is paid bi-weekly. (Appellant's Testimony, Exhibit A: Wage Stubs for [REDACTED])
9. The Appellant received the following wages from [REDACTED] and submitted them to AHCT:

Date	Hours	Gross Amount
[REDACTED] 18	72.59	\$874.30
[REDACTED] 18	65.91	\$796.91

(Exhibit A)

10. [REDACTED] of [REDACTED], Connecticut employs the Appellant's spouse full time for the past four years. The Appellant's spouse is paid weekly. (Appellant's Testimony, Exhibit B: Wage Stubs for [REDACTED])
11. The Appellant's spouse received the following wages from [REDACTED] and submitted them to AHCT:

Date	Hours	Gross Amount
[REDACTED] 18	44.71	\$705.97
[REDACTED] /18	44.24	\$695.40
[REDACTED] 18	40.72	\$610.80
[REDACTED] 18	13.25	\$198.75

(Exhibit B)

12. The Federal Poverty Limit ("FPL") for a family of five at the time of enrollment was \$2,452.00 per month and for a family of three the FPL was \$1,732.00 per month. (Federal Register).
13. The FPL for a family of six is \$2,812.00. (Federal Register)
14. On [REDACTED] 2018, Access Health denied HUSKY A medical for Parents and Caretakers because the Appellant's household income exceeded the allowable limit. The Appellant's four children qualify for Husky A / TMA. (Hearing Record, Exhibit 1: NOA, 1 [REDACTED])

### CONCLUSIONS OF LAW

- 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.
- 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) provides that in the case of an individual who expects to file a tax return for a 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.
7. 42 CFR § 435.603(f)(2) provides in part that 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, except that the household must be determined in accordance with paragraph (f)(3) of this section in the case of (i) individuals other than a spouse or child who expect to be claimed as a tax dependent by another taxpayer; and; (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 to 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.
8. AHCT incorrectly determined that the Appellant and her spouse filed or will file their 2018 taxes as married filing separately. The Appellant expects to file a joint income tax return with her spouse for the year of 2018 and they will claim four children as dependents.
9. AHCT incorrectly determined that the Appellant’s application consists of six people and two households. The Appellant indicated on her application that she will file for her taxes for 2018 as married filing together and expects to file her taxes the same way for 2019. The Appellant’s household is one household of six members.

10. The monthly FPL amount for a family of six is \$2,812.00.
11. 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.
12. AHCT incorrectly determined the Appellant’s monthly MAGI totaled \$4,163.00. The Appellant’s monthly MAGI totaled \$4,173.28 (\$1,796.55 + \$2,376.74) in [REDACTED] 2018 based on the information provided by the Appellant.
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 six is \$140.60 (\$2,812.00, FPL x .05).
15. The Appellant’s countable MAGI is \$4,032.70 (\$4,173.28 - \$140.58).
16. 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.
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. Section 17b-261(a) of the Connecticut General Statutes provides in part that medical assistance shall be provided to persons under the age of nineteen which household income up to one hundred ninety-six percent of the federal poverty level without an asset limit and to persons under 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 percent of the federal poverty level without an asset limit.

19. One hundred fifty percent of the FPL for a household of six for a parent or caretaker relative totaled \$4,218.00 (\$2,812.00 X 1.50) per month.
20. The Appellant's countable MAGI household income of \$4,032.70 per month does not exceed the income threshold for Medicaid/Husky A for Parents and Caretakers for a household of six, \$4,218.00.
21. AHCT was incorrect to deny Medicaid/HUSKY A for Parents and Caretakers for the Appellant's spouse because his household's income exceeds the limit and they received the one year transitional medical assistance which ended [REDACTED] 2018.

### **DECISION**

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

### **ORDER**

1. AHCT is ordered to reopen the Appellant's benefits effective [REDACTED] 2018, correct the Appellant's MAGI from \$4,163.00 to \$4,173.00 for a household with six members and continue to process for eligibility.
2. Compliance with this order is due back to the undersigned no later than [REDACTED], 2019.

*Sybil Hardy* Electronic Signature

Sybil Hardy  
Hearing Officer

Pc: Becky Brown, Health Insurance Exchange, Access Health CT  
Mike Towers, Health Insurance Exchange, Access Health CT  
Debra Henry, Health Insurance Exchange, Access Health CT

**Advanced Premium Tax Credits (APTC) or Cost Sharing Reduction (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 APTC or CSR.

**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.

There is no right to request reconsideration for denials or reductions of APTC or 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, 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.