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

[redacted], 2019
Signature Confirmation

Client ID # [redacted]
Hearing Request # [redacted]

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] the Health Insurance Exchange Access Health CT ("AHCT") issued a Notice of Action ("NOA") to [redacted] (the "Appellant") advising her that her son, [redacted] would lose his HUSKY A health coverage and would qualify to purchase health insurance effective [redacted] 2019.

On [redacted], the Appellant requested an administrative hearing to contest the discontinuance of HUSKY A medical coverage for her son.

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

On [redacted], in accordance with sections 17b-60, 17b-264 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, Title 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 by telephone:

[redacted], the Appellant
Sabrina Solis, AHCT Grievance & Appeals Representative
Maureen Foley-Roy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Health Insurance Exchange Access Health CT ("AHCT") correctly discontinued Medicaid/HUSKY A healthcare coverage for her son, [redacted].

FINDINGS OF FACT

1. In [redacted], the Appellant's son, [redacted], was found eligible to receive HUSKY A Transitional Medical Insurance coverage. (Exhibit 2: Eligibility Determination)
2. On [redacted], [redacted] turned [redacted] years old. He is a Connecticut resident who is attending college and residing in Vermont. (Exhibit 4: Application and Appellant's testimony)
3. The Appellant's household consists of herself, [redacted] and another son age [redacted], who is active on HUSKY D medical coverage. (Exhibit 4 and Exhibit 3: Enrollment details)
4. The Appellant files taxes as the head of household and claims [redacted] as a tax dependent. Her older son is the tax dependent of someone outside the household. (Exhibit 4 and Appellant's testimony)
5. The Appellant's income is $32,000 annually. She claims a deduction of $286 monthly and her net income is $2810.00 monthly. (Exhibit 4)
6. The Federal Poverty Limit ("FPL") for a family of two at the time of enrollment was $16,910 per year which converted equals $1410.00 ($12,144.00/12=$1,012.00) per month. One hundred thirty three percent of the FPL for a family of two is $22,490.30 annually or $1875.30 monthly. (83 Federal Register 2642, pp. 2642-2644).
7. On [redacted], 2019, AHCT issued a notice to the advising that [redacted] no longer qualified for HUSKY A Transitional Medical Assistance because there was no longer a dependent child under the age of [redacted] living in the household. The notice advised that [redacted] was qualified to buy health insurance for 2019 and that the Appellant was qualified to receive up to $162 in premium tax credits per month. (Exhibit 1: Notice of Results of Health Care Renewal)
8. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [redacted] 2019. Therefore, this decision is due not later than [redacted] 2019 and is therefore timely.

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) 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. 42 CFR § 435.603(d)(1) provides for the construction of the modified adjusted gross income ("MAGI") household. *Household income*—(1) *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 individual's household.

7. The Appellant files as head of household and claims her son [redacted] as a tax dependent. She is a MAGI household of two persons.

8. 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.

9. 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.

10. 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.

11. UPM § 2540.09 B 3 c provides for the duration of eligibility for HUSKY A Transitional Medical Assistance and states that Extended Medical Assistance benefits may end prior to the end of the twelve month period of eligibility when there is no longer a child in the home under 19 years of age

AHCT was correct when it discontinued the HUSKY A Transitional Medical Assistance for the Appellant's son [redacted] because he was no longer under the age of nineteen.

12. The Appellant's household's countable MAGI for a household of two persons based on the reported income at time of application was $2810 per month.

13. 42 CFR § 435.119 provides that Medicaid health coverage is available for individuals age 19 or older and under age 65 at or below 133 percent of the Federal Poverty Limit ("FPL").

(b). Eligibility. Effective January 1, 2014, the agency must provide Medicaid to individuals who:

1) Are age 19 or older and under age 65;

2) Are not pregnant;

3) Are not entitled to or enrolled for Medicare benefits under part A or B of the title XVIII of the Act

4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and

5) Have household income that is at or below 133 percent FPL for the applicable family size.

14. The Appellant's household's countable MAGI household income of $2810 per month exceeds the income threshold for two persons, $1875.30 per month.

15. The Appellant's income exceeds the allowable limit Medicaid/HUSKY D medical insurance for a household of two persons.

AHCT was correct to deny HUSKY D/Medicaid for the Appellant's son because the household's income exceeds the allowable limit.

DISCUSSION

HUSKY D Medicaid eligibility is based on Modified Adjusted Gross Income. Based on the information reported by the Appellant, her household's income exceeds the limit and her son is therefore not eligible for the HUSKY D program. The regulations allow for higher income limits for those under nineteen years of age which is why her son qualified for Medicaid until his nineteenth birthday.

DECISION

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

Maureen Foley-Roy

Hearing Officer

CC: Becky Brown, AHCT
Mike Tower, AHCT
Sabrina Solis, 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.