

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

██████████ 2021
Signature confirmation

Case: ██████████
Client: ██████████
Request: 176437

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2021, Access Health CT (“AHCT”), Connecticut’s Health Insurance Exchange, notified ██████████ (the “Appellant”) that it had denied her ██████████ 2021 HUSKY A-Parents & Caretakers application, for the reason that her household income exceeded the program limits.

On ██████████ 2021, the Appellant telephoned a request with the Office of Legal Counsel, Regulations and Administrative Hearings (“OLCRAH”) for an administrative hearing.

On ██████████ 2021, the OLCRAH issued a *Notice of Administrative Hearing* to the Appellant, scheduling the administrative hearing for ██████████ 2021. The OLCRAH granted AHCT a postponement of the ██████████ 2021 hearing.

On ██████████ 2021, in accordance with sections 17b-60, 17b-264 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes; Title 45 of the Code of Federal Regulations (“C.F.R.”) §§ 155.505 (b) and 155.510 and/or 42 C.F.R. § 457.113; the OLCRAH held an administrative hearing. The following individuals participated by telephone conferencing:

██████████, Appellant
Sabrina Solis, AHCT’s representative
Eva Tar, Hearing Officer

The administrative hearing record closed ██████████, 2021.

STATEMENT OF ISSUE

The issue is whether AHCT correctly determined on [REDACTED] 2021 that the Appellant and her spouse were ineligible to participate in the HUSKY A-Parents & Caretakers coverage group.

FINDINGS OF FACT

1. On [REDACTED] 2021, the Appellant filed an application for HUSKY-A medical coverage for her household with AHCT. (AHCT Exhibit 1)
2. The Appellant lives with her spouse and their minor child. (AHCT Exhibit 1)
3. The Appellant's household contains no elderly or disabled members. (AHCT Exhibit 1)
4. The Appellant's wages from a private employer are the sole income source for her household; her husband does not receive unemployment compensation or other income such as workers' compensation. (Appellant Testimony)
5. The Appellant's employer offers health insurance. (Appellant Testimony)
6. On her [REDACTED] 2021 HUSKY-A application, the Appellant reported that her household's income equaled \$2,993.76 per month. (AHCT Exhibit 1)
7. On [REDACTED] 2021, AHCT granted HUSKY-A for Children coverage for the couple's minor child. (AHCT Exhibit 2)
8. On [REDACTED] 2021, AHCT denied HUSKY-A for Parents & Caretakers coverage for the Appellant and her spouse. (AHCT Exhibit 2)
9. In 2021, the Federal Poverty Level for a household of three living in Connecticut equaled \$21,960.00 per year.¹
10. "The Commissioner of Social Services or the commissioner's designated hearing officer shall ordinarily render a final decision not later than ninety days after the date the commissioner receives a request for a fair hearing pursuant to section 17b-60," Conn. Gen. Stat. § 17b-61 (a).

On [REDACTED] 2021, the OLCRAH received the Appellant's telephoned hearing request. Therefore, the deadline for the issuance of this hearing decision would be [REDACTED] 2021. This final decision is timely.

¹ Annual Update of the HHS Poverty Guidelines, 86 Fed. Reg. 7733 (Feb.1, 2021).

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes provides that “[t]he 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....”

2. Title 45, Section 155.110 (a) of the Code of Federal Regulations provides:
 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.
 45 C.F.R. § 155.110 (a).

AHCT is an eligible entity as the term “eligible entity” is contemplated by 45 C.F.R. § 155.110 (a).

3. Section 17b-261 (a) of the Connecticut General Statutes provides in part:
 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 fifty-five per cent of the federal poverty level without an asset limit.* ... For coverage dates on or after January 1, 2014, the department shall use the modified adjusted gross income financial eligibility rules set forth in Section 1902(e)(14) of the Social Security Act and the implementing regulations to determine eligibility for HUSKY A, HUSKY B and HUSKY D applicants, as defined in section 17b-290....
 Conn. Gen. Stat. § 17b-261 (a) (emphasis added).

“The agency must provide Medicaid to parents and other caretaker relatives, as defined in 42 C.F.R. § 435.4, and, if living with such parent or other caretaker relative, his or her spouse, whose household income is at or below the income standard

established by the agency in the State plan, in accordance with paragraph (c) of this section.” 42 C.F.R. § 435.110 (b).

As provided by Conn. Gen. Stat. § 17b-261 (a), medical coverage under the State plan is available to eligible parents and eligible caretaker relatives whose modified adjusted gross income limit is less or equal to 155 percent of the Federal Poverty Level.

4. “Financial eligibility for Medicaid for applicants, and other individuals not receiving Medicaid benefits at the point at which eligibility for Medicaid is being determined, must be based on current monthly household income and family size.” 42 C.F.R. § 435.603 (h)(1).

For the purposes of determining eligibility to participate in the HUSKY-A program, the Appellant’s family size is three.

5. “*MAGI-based income*. For the purposes of this section, 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 specific exceptions.” 42 C.F.R. § 435.603 (e).

“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.” 42 C.F.R. § 435.603 (d)(4).

Allowing for a five-percentage-point disregard of the Federal Poverty Level for MAGI-based income, in 2021, the HUSKY A-Parents & Caretakers income limit equals 160 percent of the monthly Federal Poverty Level for households residing in Connecticut.

In 2021, the monthly Federal Poverty Level for a household of three living in Connecticut equaled \$1,830.00. [\$21,960.00 divided by 12 months]

In [REDACTED] 2021, the Appellant’s monthly reported income of \$2,993.76 exceeded \$2,928.00, i.e., 160 percent of the Federal Poverty Level for a household of three residing in Connecticut.

AHCT correctly determined on [REDACTED], 2021 that the Appellant and her spouse were ineligible to participate in the HUSKY A-Parents & Caretakers coverage group, as the Appellant’s monthly income exceeded that coverage group’s income limit.

DISCUSSION

In [REDACTED] 2021, the Appellant and her spouse were ineligible for HUSKY-A Parents & Caretakers coverage, as the Appellant's reported income exceeded the program's monthly income limit of 160 percent of the Federal Poverty Level for a household of three.²

At the [REDACTED] 2021 administrative hearing, the Appellant mentioned that she had recently renegotiated some student loans. The Appellant may wish to reapply for medical coverage, as this change in circumstance may serve to reduce her household's modified adjusted income to fall within the program limits of the HUSKY-A Parents & Caretakers coverage group.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

cc: Sabrina Solis, Access Health
Becky Brown, Access Health
Mike Towers, Access Health

² AHCT granted the couple's child HUSKY-A for Children coverage as that program has an income limit of 196 percent of the Federal Poverty Level.

**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, 165 Capitol Avenue, 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.