

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

██████████, 2023  
Signature Confirmation

Case: ██████████  
Client # ██████████  
Request # 216670

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2023, the Health Insurance Exchange Access Health CT- (“AHCT”) sent ██████████ ██████████ ██████████ a Notice of Action (“NOA”) denying the Appellant’s Medicaid Husky D healthcare coverage because the monthly income exceeded the program limit.

On ██████████ 2023, the Appellant requested an administrative hearing to contest the decision to deny Husky D benefits.

On ██████████ 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2023.

On ██████████ 2023, the Appellant requested a reschedule, which was granted.

On ██████████, 2023, OLCRAH issued a final notice scheduling the administrative hearing for ██████████, 2023.

On ██████████ 2023, 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 § 457.113, OLCRAH held an administrative hearing by telephone.

The following individuals participated at the hearing:

██████████, Appellant  
Vanessa Harrison, AHCT Representative  
Almelinda McLeod, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Departments action to discontinue the Husky D program was correct in accordance with the regulations.

### **FINDINGS OF FACT**

1. On [REDACTED] [REDACTED], 2023, the Appellant submitted a change reporting application requesting Husky D Low Income Adult medical insurance. (Exhibit #1- Access Health application [REDACTED])
2. The Appellant's tax filing status is single filing taxes. The Appellant is a household of one. (Exhibit 1)
3. The Appellant reported her yearly modified adjusted gross income ("MAGI") as \$30,000.00 and a monthly gross income of \$2,720.00. (Exhibit #1, Hearing record)
4. On [REDACTED] 2023, AHCT denied the Appellant's Husky D Low Income for Adults because the household's income exceeded the income limit. (Hearing record)
5. The Federal Poverty Limit ("FPL") for a household of one at the time of enrollment is \$14,580 per year which converted equals \$1,215.00 ( $\$14580 / 12 = 1,215$ ) per month. (Federal Register, Vol. 88, No. 12 / [REDACTED] 2023, pp. 3424-3425)
6. The FPL for the Husky D program for 19 years old to age 65 in a household of 1 is \$1,677.00 (138% of the FPL).
7. On [REDACTED] 2023, AHCT issued an application results letter notifying the Appellant of the results of her application. The letter informed the Appellant she would lose her Husky health coverage because she had household income of \$2,720.00 per month. (Exhibit 3)
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], 2023. Therefore, this decision is due no later than [REDACTED] 2023. However, the Appellant requested a reschedule causing a 20-day delay in the decision, which is not due until [REDACTED], 2023, 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 Code of Federal Regulations (“CFR”) 155.110 (A) (2) 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 or more responsibilities of the Exchange. An eligible entity is the State Medicaid agency, or any other State agency that meets the qualifications of paragraph (a) (1) of this section.
4. 45 CFR 155.505 (c)(1) provides Options for Exchange appeals. 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 appeals process in accordance with the requirements of this subpart; or
5. 45 CFR 155.505 (d) Eligible entities. An appeals process established under this subpart must comply with § 155.110 (a).
6. Title 26 C.F.R. § 1.36B-1(e)(1) provides in general, household income is the sum of- (i) A taxpayer’s modified adjusted gross income (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. 42 CFR 435.603 (f) *Household*— (1) *Basic rule for taxpayers not claimed as a tax dependent.* In the case of an individual who expects to file a tax return for 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.

**The Appellant is the primary applicant and files as single filing taxes, thus, her MAGI household consists of herself; The Appellant is a household of one.**

8. 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 in the individual’s household.
9. Title 26 of the United States Code (“U.S.C.”) § 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.
10. Title 42 C.F.R. § 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 expenses are excluded from income. (3) American Indian/Alaska Native exceptions.
11. Title 42 C.F.R. § 435.603 (h) (1) provides for the budget period for applicants and new enrollees. 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. (2) Provides for the budget period of current beneficiaries. For individuals who have been determined financially eligible for Medicaid using the MAGI-based methods set forth in this section, a State may elect in its State Plan to base financial eligibility on either current monthly household income and

family size, or income based on projected annual household income and family size for the remainder of the current calendar year.

12. **The Appellant reported her yearly salary as \$30,000.00 and reported a monthly income of \$2,720.00. AHCT correctly accepted her reported monthly income of \$2,720.00 per month and processed the renewal with the Appellant's MAGI income at the time of her renewal.**
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 one is \$61.00 rounded to the nearest whole dollar. ( $\$1,215.00 \times .05 = \$60.75$ ) (See FOF #17)**
15. **The Appellant's household countable MAGI based on the reported income at time of application was \$2659.00 ( $\$2,720.00 - \$61.00$ ) per month.**
16. Title 42 C.F.R. § 435.119 provides that Medicaid health coverage is available for individuals aged 19 or older and under age 65 at or below 133 percent of the Federal Poverty Limit ("FPL"). (b). 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.

**One hundred thirty-three percent (133%) of the FPL for a household of one equaled \$1,616.00 [ $\$1,215.00 \times 133\% = \$1,615.95$  (rounded to the nearest whole dollar)]. The income limit for HUSKY D for a household of one at the time of the Appellant's renewal was \$1,616.00.**

17. For purposes of this hearing, note that 5% was added to the 133% FPL to increase for the HUSKY D FPL of 138%. AHCT's notice reflected an income limit of 138% FPL or \$1677.00 instead of reducing the Appellant's income by 5% as required in 42 C.F.R. § 435.603(d). (See FOF #13 and 14)
18. The hearing record shows the Appellants countable monthly income of \$2659.00 exceeded the 138% FPL income limit of \$1677.00 for the Husky D program.
19. AHCT correctly determined the Appellant was over income for the Medicaid Husky D.
20. AHCT correctly discontinued the Husky D, Low Income for Adults.

**DECISION**

The Appellant's appeal is DENIED.

*Almelinda McLeod*

Almelinda McLeod  
Hearing Officer

CC: [Becky.Brown@Conduent.com](mailto:Becky.Brown@Conduent.com)  
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**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 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.