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

[redacted], 2023
Signature Confirmation

Case # [redacted]
CLIENT # [redacted]
Request # 216828

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2023, the Health Insurance Exchange Access Health CT- ("AHCT") on behalf of the Department of Social Services ("Department') sent [redacted] (the "Appellant") a Notice of Action ("NOA") denying the Appellant's Medicaid Husky D healthcare coverage.

On [redacted] 2023, the Appellant requested an administrative hearing to contest the decision to deny Medicaid Husky D benefits.

On [redacted] 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted] 2023.

On [redacted] 2023, the Appellant requested a reschedule, which was granted.

On [redacted], 2023, OLCRAH issued a notice scheduling the administrative hearing for [redacted] 2023.

On [redacted] 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 were present at the hearing:

[redacted], Appellant
Vanessa Harrison, AHCT Representative
Almelinda McLeod, Hearing Officer

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [redacted] 2023, the Appellant submitted a change reporting application requesting medical insurance. (Exhibit #1- Access Health application [redacted]

2. The Appellant is single filing taxes, the Appellant is a household of one. (Exhibit 1)

3. The Appellant reported a yearly modified adjusted gross income ("MAGI") as $33,984.00 and a monthly gross income of $2,832.00 (Exhibit #1, Appellant testimony, Hearing record)

4. The monthly MAGI of $2832.00 includes $240.00 monthly income from workman's compensation, which should have been excluded income. (Appellant testimony)

5. AHCT confirmed workman's compensation is excluded income for the MAGI program, however, the $240.00 monthly income was classified as "other" income on the application; therefore, the income was not excluded. (Exhibit 1, AHCT testimony)

6. The Federal Poverty Limit ("FPL") at 100% FPL for a household of one at the time of enrollment is $14,580.00 per year which converted equals $1,215.00 ($14,580/12 = $1,215) per month. (Federal Register).

7. The FPL for Husky D for 19 years old to age 65 in a household of one at 138% of the FPL is $1677.00. (Hearing record)

8. AHCT notes excluding $240.00 workman's compensation income from $2832.00 would not have made a difference in the outcome because the balance of $2592.00 exceeds the 138% FPL of $1677.00. (AHCT testimony)

9. On [redacted] 2023, AHCT determined the Appellant was ineligible for Husky D and issued a notice stating the reason for the denial was because the household's income exceeded the income limit. (Exhibit B, Eligibility determination and Exhibit 3, AHCT Application results notice #1301)

10. 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 23-day delay; therefore, this decision will not be due until [redacted], 2023. This decision 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 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. 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.

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.

8. 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.

   The Appellant is the primary applicant and files as single filing taxes. **AHCT correctly determined the Appellant is a household of one.**

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 26 of the United States Code ("USC") § 36B (d) (1) (4) provides, in part, regards exclusions expended for medical care includes sick and accident benefits provided to members of a voluntary employee's beneficiary association and their dependents.

11. Title 42 C.F.R. § 435.603 (h) (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 either on 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 hearing record shows the Appellant reported her annual income as $33,984.00 and [redacted] monthly income was $2832.00 per month. The Appellant identified the $240.00 as "other" income instead of workman's compensation; thus, it was not excluded. AHCT correctly noted the exclusion of the $240 would not have made a difference in the eligibility.**

13. **AHCT correctly used [redacted] monthly income of $2832.00 to determine eligibility for the Husky D.**

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 one is $61.00 rounded to the nearest whole dollar. ($1215 x. 05= $60.75).

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 underage 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.

17. **One hundred thirty-three percent (133%) of the FPL for a household of one is $1,616.00 [$1,215.00 x 133% = $1,615.95 (rounded to the nearest whole dollar)].**

18. **The five percent (5%) was added to the 133 % FPL to bring the FPL to 138% FPL to determine the Appellant's eligibility for the Husky D, Adult Medicaid coverage.**

19. **AHCT correctly determined 138% of the FPL for a household of one was $1677.00. [$61.00 + $1616= $1677.00]**

20. The Appellant's household countable MAGI for a household of one based on the reported income at time of application was $2771.00 ($2832.00 - $61.00) per month.

21. The Appellants countable income of $2771.00 exceeds 138% FPL $1677.00 for the Husky D program.

22. **The Appellant is over income for the Medicaid Husky D, Low Income for Adults**.

23. AHCT correctly denied the Appellant Husky D because her countable income exceeds the income limit for this program.

24. AHCT decision to deny the Appellant's eligibility for Husky D is upheld.

DISCUSSION

Medicaid Husky D is based on the Modified Adjusted Gross Income of the Appellant. The income reported at the time of application exceeded the income limit for the Husky D program, and the Appellant is therefore, ineligible.

DECISION

The Appellant's appeal is DENIED.

Almelinda McLeod
Almelinda McLeod
Hearing Officer

CC: Becky.Brown@conduent.com
Mike.Towers@conduent.com
Vanessa.Harrison@conduent.com

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.