

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

██████████ 2024
Signature confirmation

Case: ██████████
Client: ██████████
Person: ██████████
Application: ██████████
Hearing request: 230127

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2023, Access Health CT (“AHCT”), Connecticut’s Health Insurance Exchange, issued ██████████ (the “Appellant”) a *Notice of Action* terminating her HUSKY-D/Medicaid coverage effective ██████████ 2023.

On ██████████ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received the Appellant’s ██████████ ██████████ 2023 postmarked request for an administrative hearing.

On ██████████ 2024, the OLCRAH scheduled the administrative hearing for ██████████ 2024.

On ██████████, 2024, 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 (“C.F.R.”) §§ 155.505 (b) and 155.510; and/or Title 42, Code of Federal Regulations § 457.113, OLCRAH held an administrative hearing by telephone conferencing. The following individuals participated in the administrative hearing:

██████████, Appellant
Debra Henry, AHCT Representative
Eva Tar, Hearing Officer

The administrative hearing record closed ██████████ 2024.

STATEMENT OF ISSUE

The issue is whether AHCT correctly determined that the Appellant was ineligible for HUSKY-D/Medicaid coverage effective [REDACTED], 2023.

FINDINGS OF FACT

1. The Appellant received HUSKY-D/Medicaid coverage as a single individual during the COVID-19 Public Health Emergency. (AHCT Representative Testimony)
2. On [REDACTED] 2022, the Consolidated Appropriations Act, 2023, enacted by the 117th United States Congress, terminated the continuous enrollment condition for Medicaid programs as arising from the Public Health Emergency.
3. On [REDACTED] 2023, AHCT issued a notice to the Appellant terminating her HUSKY-D/Medicaid coverage effective [REDACTED] 2023, citing as the reason for termination that her monthly income exceeded \$1,677.00, the income limit for a household size of one. (AHCT Exhibit 2)
4. The Appellant is [REDACTED] years old. (Appellant Testimony)
5. The Appellant lives alone. (Appellant Testimony)
6. Since [REDACTED] 2021, [REDACTED] (the "employer") has employed the Appellant. (Appellant Testimony)
7. From [REDACTED], 2023 through [REDACTED] 2023, the Appellant grossed \$493.00 in wages for 29 hours of employment at \$17.00 per hour. (Hearing request)
8. The Appellant's hours of employment vary between a low of 26 hours per week to more than 29 hours per week. (Appellant Testimony)
9. At the [REDACTED] 2024 hearing, the Appellant did not testify as to the exact dollar amount of her gross wages in [REDACTED] 2023 and [REDACTED] 2024. (Hearing record)
10. The Appellant declined to submit for the hearing record her [REDACTED] 2023 and [REDACTED] 2024 paystubs. (Hearing record)
11. The Appellant grosses \$154.94 per month in a GE pension from her deceased ex-husband. (Appellant Testimony)
12. The Appellant does not have deductions from her income for student loan interest, contributions to a 401K/403B, contributions to deferred compensation, or for contributions to flexible spending accounts. The Appellant has no tax dependents. (Appellant Testimony)
13. The Appellant does not have private medical insurance. (Appellant Testimony)

14. The Appellant does not collect early retirement or other Social Security benefits. (Appellant Testimony)
15. In ██████████ 2023, the Federal Poverty Level for a household of one living in Connecticut was \$14,580.00 per year effective ██████████ 2023,¹ or \$1,215.00 per month.
16. Connecticut General Statutes § 17b-61 (a) provides: “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....” On ██████████ 2024, the OLCRAH received the Appellant's ██████████ 2023 postmarked hearing request. This hearing decision would have become due by no later than ██████████, 2024. This decision is timely.

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes authorizes the Commissioner of Social Services “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.”

The Department has the authority under State statute to administer the Medicaid program in Connecticut.

2. Title 45, Code of Federal Regulations (“C.F.R.”), Section 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 and defines those eligible entities.

AHCT meets the provisions of 45 C.F.R. § 155.110 (a) as Connecticut’s designated Health Insurance Exchange.

3. “HUSKY-D” or “Medicaid Coverage for the Lowest Income Populations program” means Medicaid provided to nonpregnant low-income adults who are age eighteen to sixty-four, as authorized pursuant to section 17b-8a.” Conn. Gen. Stat. § 17b-290 (16).

The Appellant meets the age requirement of the HUSKY-D/Medicaid program, as she is between the ages of 19 and 65 years.

4. Title 42, Code of Federal Regulations, Section 435.119 (b) provides: “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 title XVIII of the Act; (4) Are not otherwise eligible for and enrolled for mandatory

¹ *Annual Update of the HHS Poverty Guidelines*, 88 Fed. Reg. 3424-3425 (January 19, 2023).

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.”

In 2023, one hundred and thirty-three percent of the Federal Poverty Level for a household of one living in Connecticut is \$1,615.95 per month. [\$1,215.00 (FPL) multiplied by 133%]

In accordance with 42 C.F.R. § 435.119 (b), the Appellant’s income had to equal or be less than 133 percent of the Federal Poverty Level for a household of one as a condition of participation in the HUSKY-D/Medicaid program.

5. *“Basic rule.* Except as specified in paragraph (i), (j), and (k) of this section, the agency must determine financial eligibility for Medicaid based on “household income” as defined in paragraph (d) of this section.” 42 C.F.R. § 435.603 (c).

Except as provided in paragraphs (d)(2) through (d)(4) of this section, household income is the sum of the MAGI [modified adjusted gross income]-based income, as defined in paragraph (e) of this section, of every individual included in the individual's household. 42 C.F.R. § 435.603 (d)(1).

“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 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....” 42 C.F.R. § 435.603 (e).

“Modified adjusted gross income means adjusted gross income (within the meaning of section 62) increased by—(i) Amounts excluded from gross income under section 911; (ii) Tax-exempt interest the taxpayer receives or accrues during the taxable year; and (iii) Social security benefits (within the meaning of section 86(d)) not included in gross income under section 86.” 26 C.F.R. § 1.36B-1(e)(2).

6. 42 C.F.R. § 435.603 (j) lists Eligibility Groups for which MAGI-based methods do not apply.

With respect to the HUSKY-D/Medicaid program, AHCT correctly determined that the Appellant is subject to the MAGI-based methods, as her circumstances do not meet the requirements of 42 C.F.R. § 435.603 (j).

7. *“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.” 42 C.F.R. § 435.603 (h)(2).

“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, the HUSKY-D/Medicaid income limit for a household of one in Connecticut equals \$1,677.00 per month, or 138 percent of the Federal Poverty Level per month in 2023.

8. Title 42, Code of Federal Regulations, Section 435.603 (h)(3) provides:
 In determining current monthly or projected annual household income and family size under paragraphs (h)(1) or (h)(2) of this section, the agency may adopt a reasonable method to include a prorated portion of reasonably predictable future income, to account for a reasonably predictable increase or decrease in future income, or both, as evidenced by a signed contract for employment, a clear history of predictable fluctuations in income, or other clear indicia of such future changes in income. Such future increase or decrease in income or family size must be verified in the same manner as other income and eligibility factors, in accordance with the income and eligibility verification requirements at § 435.940 through § 435.965, including by self-attestation if reasonably compatible with other electronic data obtained by the agency in accordance with such sections.
 42 C.F.R. § 435.603 (h)(3).

There are 4.3 weeks in a month. [52 (weeks in a year) divided by 12 (months)]

It is reasonable to conclude from the hearing record—and in the absence of substantive, reliable evidence as to the exact gross wages the Appellant received in ██████████ 2023 and ██████████ 2024—that the Appellant’s modified adjusted gross income equaled or exceeded \$2,274.84 per month. [\$493.00, (submitted gross wages for a single week) multiplied by 4.3 (weeks per month) plus \$154.94 (monthly pension)]

AHCT correctly determined that the Appellant was ineligible for HUSKY-D/Medicaid coverage effective ██████████ 2023, as the Appellant’s modified adjusted gross income exceeded \$1,677.00, the HUSKY-D/Medicaid program limit for an individual.

DECISION

The Appellant’s appeal is DENIED.

Eva Tar-electronic signature
 Eva Tar
 Hearing Officer

cc: Debra Henry, AHCT
 Becky Brown, AHCT
 Mike Towers, AHCT
 ctadministrativereview@conduent.com

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 of 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.

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.