

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: ██████████
Hearing: 239797

NOTICE OF DECISION

PARTY

████████
████████
████████

PROCEDURAL BACKGROUND

On █████ 2024, Access Health CT (“AHCT”), Connecticut’s Health Insurance Exchange, issued a *Notice of Action* denying █████ (the “Appellant”) █████ 2024 application for HUSKY-A-Parents & Caretakers/Medicaid coverage.

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

On █████ 2024, the OLCRAH scheduled the administrative hearing for █████ 2024. The OLCRAH granted the Appellant’s request for a postponement.

On █████ 2024, in accordance with Connecticut General Statutes §§ 17b-60, 17b-264 and 4-176e to 4-189, inclusive, Title 45, Code of Federal Regulations (“C.F.R.”) §§ 155.505 (b) and 155.510 and/or 42 C.F.R. § 457.1130, the OLCRAH held an administrative hearing by telephone. The following individuals participated:

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

The hearing record closed █████ 2024.

STATEMENT OF ISSUE

The issues are whether AHCT correctly determined:

1. the Appellant is ineligible to receive HUSKY-A-Parents & Caretakers/Medicaid coverage due to her enrollment in Medicare; and
2. the Appellant's spouse is ineligible to receive HUSKY-A-Parents & Caretakers/Medicaid coverage due to the household's income exceeding the program's income limits.

FINDINGS OF FACT

1. On [REDACTED], 2024, AHCT received the Appellant's HUSKY-A-Parents & Caretakers/Medicaid application. (AHCT Exhibit 1)
2. The Appellant, age [REDACTED], lives with her spouse, [REDACTED] age [REDACTED], and the Appellant's daughter, [REDACTED] age [REDACTED], and son, [REDACTED] age [REDACTED]. (Appellant Testimony)
3. The Appellant receives \$2,187.00 per month in Social Security Disability Income; the Appellant is enrolled in Medicare A. (Appellant Testimony)(AHCT Exhibit 1)
4. The Appellant's spouse receives \$963.00 per month in Social Security Disability Income; the spouse is not enrolled in Medicare. (Appellant Testimony)
5. The Appellant's daughter receives \$1,093.00 per month in Social Security benefits as the child of a disabled parent. (Appellant Testimony)
6. On [REDACTED], 2024, AHCT denied the Appellant HUSKY-A-Parents & Caretakers/Medicaid coverage based on her enrollment in Medicare. (AHCT Exhibit 2)(AHCT Representative Testimony)
7. On [REDACTED], 2024, AHCT denied the spouse HUSKY-A-Parents & Caretakers/Medicaid coverage based on the household's reported income exceeding \$3,443.00, the income limit for a household of three, or two parents with a minor child. (AHCT Exhibit 2)(AHCT Representative Testimony)
8. On [REDACTED] 2024, AHCT granted the daughter HUSKY-A Children/Medicaid coverage. (AHCT Exhibit 2)
9. On [REDACTED] 2024, AHCT granted the son HUSKY-D Adult/Medicaid coverage as an individual. (AHCT Exhibit 2)
10. In 2024, 100 percent of the Federal Poverty Level for a household of three residing in the 48 contiguous states and the District of Columbia equaled \$25,820.00 per year.¹

¹ *Annual Update of the HHS Poverty Guidelines*, 89 Fed. Reg. 2962 (January 17, 2024).

11. 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 [REDACTED] 2024, the OLCRAH received the Appellant's hearing request. This hearing decision would have become due by [REDACTED] 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....”

2. Title 45 of the Code of Federal Regulations (“C.F.R.”) § 155.110 (a) 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 a health insurance exchange that meets the requirements of 45 C.F.R. § 155.110 (a).

3. 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 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.

42 C.F.R. § 435.119 (b). (emphasis added)

AHCT correctly determined that the Appellant is ineligible to receive HUSKY-A-Parents & Caretakers/Medicaid coverage as the Appellant is a Medicare enrollee.

4. Section 17b-261 (a) of the Connecticut General Statutes, as amended at the 2024 Supplement to the General Statutes of Connecticut, 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. Such levels shall be based on the regional differences in such benefit amount, if applicable, unless such levels based on regional differences are not in conformance with federal law. ... 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.

With respect to the HUSKY-A-Parents & Caretakers/Medicaid program, the couple’s son is not included as a household member as the son is over the age of 19 years.

For the purposes of determining the spouse’s eligibility to participate in the HUSKY-A-Parents & Caretakers/Medicaid program, the household size is three: the minor daughter and her parents.

5. “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).
6. “[Modified Adjusted Gross Income] 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 2024, the HUSKY A-Parents & Caretakers/Medicaid income limit equals 160 percent of the (monthly) Federal Poverty Level for households residing in Connecticut.

In 2024, the monthly Federal Poverty Level for a household of three living in Connecticut equaled \$2,151.66. [\$25,820.00 divided by 12 months]

In █ 2024, the household's \$4,243.00 in reported monthly Social Security benefits exceeded \$3,443.00, i.e., 160 percent of the Federal Poverty Level for a household of three residing in Connecticut.

AHCT correctly determined that the Appellant and her spouse were ineligible to participate in the HUSKY A-Parents & Caretakers/Medicaid coverage group.

DECISION

The Appellant's appeal is DENIED. The Appellant and her spouse are not eligible to participate in the HUSKY-A-Parents & Caretakers/Medicaid coverage group.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

Pc: Debra Henry, AHCT
Becky Brown, AHCT
Christina Rodriguez, AHCT
Danielle Valente, DSS
Shannon Laplante, DSS
Allison Doyle, DSS
ctadministrativereview@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 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.