

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: 239884

NOTICE OF DECISION

PARTY

████████
████████
████████
████████

PROCEDURAL BACKGROUND

Access Health CT (“AHCT”), Connecticut’s Health Insurance Exchange, terminated ██████████
████████ (the “Appellant”) HUSKY-A Transitional Medical Assistance (“TMA”) coverage effective
████████, 2024.

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

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

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
Debra Henry, AHCT Representative
Eva Tar, Hearing Officer

The hearing record closed █████ 2024.

STATEMENT OF ISSUE

The issue is whether AHCT correctly determined that the Appellant’s TMA coverage expired
effective █████, 2024.

FINDINGS OF FACT

1. The Appellant's household consists of the Appellant and her minor child. (AHCT Exhibit 1)
2. On [REDACTED], 2023, AHCT issued a notice to the Appellant granting the Appellant TMA coverage from [REDACTED] 2023 through [REDACTED] 2024. The notice advised the Appellant that the TMA coverage would last 12 months. (AHCT Exhibit 4)
3. When a household exceeds the HUSKY-A program limit, AHCT will grant the household TMA coverage for one year. (AHCT Representative Testimony) (AHCT Exhibit 4)
4. The Appellant received TMA coverage from [REDACTED] 2023 through [REDACTED] 2024. (Appellant Testimony)
5. On [REDACTED] 2024, AHCT issued a notice to the Appellant terminating the Appellant's TMA coverage effective [REDACTED], 2024. (AHCT Exhibit 2)
6. The Appellant grosses \$730.45 per week in wages. (Appellant Exhibit B)
7. The HUSKY-A income limit for a household of two is \$2,726.00 per month. (AHCT Representative Testimony) (Hearing summary)
8. 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 telephoned hearing request. This hearing decision would have become due by no later than [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...."

The Department of Social Services has the authority to administer the HUSKY-A medical program.

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, U.S. Code (“USC”) 1396r-6 addresses extension of eligibility for medical assistance. Subsection (a)(1)(A) of this section requires that under a State approved plan, the State must provide medical coverage for an additional six months should a family who had received approved coverage in the three- to six-month period immediately prior to the family becoming ineligible for aid due to the hours or income from the employment of the caretaker relative.

In █ 2023, AHCT correctly notified the Appellant of her eligibility for TMA coverage.

4. “A State may elect to treat any reference in this subsection to a 6-month period (or 6 months) as a reference to a 12-month period (or 12 months). In the case of such an election, subsection (b) shall not apply.” 42 USC 1396r-6 (a)(5).

Section 17b-261 (f) of the Connecticut General Statutes, as amended by the 2024 Supplement to the General Statutes of Connecticut, provides:

To the extent permitted by federal law, Medicaid eligibility shall be extended for one year to a family that becomes ineligible for medical assistance under Section 1931 of the Social Security Act due to income from employment by one of its members who is a caretaker relative or due to receipt of child support income. A family receiving extended benefits on July 1, 2005, shall receive the balance of such extended benefits, *provided no such family shall receive more than twelve additional months of such benefits.*

Conn. Gen. Stat. § 17b-261 (f). (emphasis added)

The State of Connecticut has exercised the State option found at 42 USC 1396r-6 (a)(5) of extending TMA coverage to 12 months.

AHCT correctly assigned the Appellant 12 months of TMA coverage, from █ 2023 through █ 2024.

5. “Each State, in the notice of termination of aid under part A of subchapter IV sent to a family meeting the requirements of paragraph (1)-(A) shall notify the family of its right to extended medical assistance under this subsection and include in the notice a description of the reporting requirement of subsection (b)(2)(B)(i) and of the circumstances (described in paragraph (3)) under which such extension may be terminated.” 42 USC 1396r-6 (a)(2)(A).

In [REDACTED] 2023, AHCT correctly notified the Appellant that AHCT had granted the Appellant 12 months of TMA coverage.

Conn. Gen. Stat. § 17b-261(f) prohibits AHCT from extending the Appellant's TMA coverage beyond [REDACTED] 2024, as the Appellant had received 12 months of TMA coverage.

In [REDACTED] 2023, AHCT correctly determined that the Appellant's TMA coverage expired effective [REDACTED], 2024.

DECISION

The Appellant's appeal is DENIED.

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.