

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

[REDACTED] 2024
SIGNATURE CONFIRMATION

**CASE # [REDACTED]
CLIENT ID # [REDACTED]
REQUEST # [REDACTED]**

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2024, the Appellant’s representative, [REDACTED] (Appellant “representative”), submitted a request for an administrative hearing to contest the effective date of the Appellant’s medical coverage under the HUSKY D program. The Appellant and her representative are seeking coverage for the month of [REDACTED] 2024.

On [REDACTED] 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (the “OLCRAH”) issued a notice scheduling an administrative hearing to be held on [REDACTED] 2024, via telephone conference.

On [REDACTED], 2024, the OLCRAH issued a notice scheduling an administrative hearing to be held on [REDACTED], 2024, via telephone as no Access Health CT representative was present for the scheduled hearing.

On [REDACTED], 2024, in accordance with sections 17b-60, 17b-264 and 4-176e to 4-189, inclusive of the Connecticut General Statutes, Chapter 45 Code of Federal Regulations (“CFR”) §§ 155.505(b) and 155.510 and/or 42 CFR § 457.1130, OLCRAH held an Administrative Hearing with the participation of the following individuals:

██████████, Appellant
██████████, Appellant Representative
Cathy Davis, Appeals Coordinator, AHCT Representative
Joseph Alexander, Administrative Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether AHCT correctly determined the effective date of medical coverage under the HUSKY D program.

FINDINGS OF FACT

1. The Appellant is ██████████ years old. (Exhibit 3: Eligibility Determination Results)
2. The Appellant is single and files taxes as single. (Exhibit 2: Application)
3. On ██████████ 2024, the Appellant submitted an application to Access Health CT (“AHCT”) for medical coverage. (Exhibit 2: Application)
4. On ██████████ 2024, AHCT completed a review of the Appellant’s application and determined she was eligible for coverage under the HUSKY D program beginning ██████████ 2024. (Hearing Record)
5. Following the Application, the Department of Social Services (the “Department”) determined the Appellant was eligible for HUSKY D coverage for the month of ██████████ 2024 and approved this month retroactively. Coverage for the month of ██████████ 2024 was denied as Appellant’s income of \$1,774.72 exceeded the \$1,732.00 Federal Poverty Limit for a household of one. (Hearing Record)
6. Neither the Appellant nor her representative dispute the Department’s calculation of her income for the month of ██████████ 2024. (Hearing Record)
7. The Appellant is seeking retroactive coverage for the month of ██████████ 2024. (Hearing Record)
8. The issuance of this decision is timely under Connecticut General Statutes 17b-61 (a), which requires that a hearing be held, and a decision be issued within ██████████ days of the request for an administrative hearing. The hearing request was received on ██████████ 2024, making this decision due to be issued no later than ██████████ 2024.

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statute (“Conn. Gen. Stat.”) provides that, “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. Conn. Gen. Stat. § 17b-290(16) provides that, “HUSKY D” or Medicaid Coverage for the Lowest Income Populations program means Medicaid provided to non-pregnant low-income adults who are age 18 to sixty-four, as authorized pursuant to section 17b-8.”

AHCT correctly determined the Appellant meets the criteria specified in the above cited regulation.

3. Conn. Gen. Stat. § 17b-264 provides that, “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.”
4. Title 45 section 155.110(a) of the Code of Federal Regulations (“C.F.R.”) 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. 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.”

5. 42 C.F.R. § 435.119 provides for the coverage for individuals aged 19 or older and under 65 at or below 133 percent Federal Poverty Level (“FPL”) as follows:
 - a. Bases. This section implements section 1902(a)(10)(A)(i)(VIII) of the Social Security Act.
 - b. Eligibility. 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 Social Security Act:
 4. Are not otherwise eligible for an enrolled for mandatory coverage under a State’s Medicaid State plan in accordance with subpart B of this part:
 5. Have household income that is at or below 133 percent FPL for the applicable family size.

AHCT correctly considered the relevant criteria when determining the Appellant’s eligibility for HUSKY D Medicaid.

6. The 2024 Federal Poverty Limit (“FPL”) for a household of one in the 48 Contiguous States and the District of Columbia is \$1,255.00 per month as set by the U.S. Department of Health and Human Services annually (\$1,255.00 per month x 12 months = \$15,060 per year). [Federal Register / Vol. 89, No. 11 / Wednesday, January 17, 2024 / Notices pp. 2961]
7. Conn. Gen. Stat. § 17b-261(a) provides, “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.”
8. 42 C.F.R § 435.603(d)(4) provides that, “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.

The hearing record reflects the Appellant is a household of one, thus, she is subject to the income standard for a household of one which is \$1,255.00 per month or \$15,060.00 per year (\$1,255.00 per month x 12 months = \$15,060.00 per year)

133% of the FPL for a household of one is \$1,669.15 (\$1,255.00 x 133% [1.33] = \$1,669.15 (per month).

Five percent (5%) of the FPL for a household of one is equal to \$62.75 (\$1,255.00 per month x .05)

\$1,699.15 + \$62.75 = \$1,761.90 (rounded up to nearest whole dollar value) = \$1,732.00.

AHCT correctly determined the HUSKY D income limit for a household of one is \$1,732.00.

9. 45 C.F.R. § 155.320(c)(2)(ii) provides, “The exchange must verify MAGI-based income, within the meaning of 42 CFR 435.603(d), for the household described in paragraph (c)(2)(i) in accordance with the procedures specified in Medicaid regulations 42 CFR 435.945, 42 CFR 435.948, and 42 CFR 435.952 and CHIP regulations at 42 CFR 457.380.”
10. 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.”
11. 42 C.F.R. § 435.603(d)(1) provides, “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 included in the individual’s household.”

42 C.F.R. § 435.603(e) provides for MAGI-based income as follows: “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/Alaskan Native exceptions.

12.42 C.F.R. § 435.603(a)(2) provides that, “Effective January 1, 2014, the agency must apply the financial methodologies set forth in this section in determining the financial eligibility of all individuals for Medicaid, except for individual identifiers in paragraph (j) of this section and as provided in paragraph (a)(3) of this section.”

Neither the Appellant nor her representative dispute the Department’s calculation of the Appellant’s income for the month of █████ 2024.

13.26 C.F.R. § 1.62-1 provides for adjusted gross income and allowable deductions as follows: “(c) Deductions allowable in computing adjusted gross income. The deductions specified in section 62(a) for the purposes of computing adjusted gross income are-(1) deductions set forth in § 1.62-1T(c); and (2) deductions allowable under part VI, subchapter B, chapter 1 of the Internal Revenue Code, (section 161 and following) that consist of expenses paid or incurred by the taxpayer in connection with the performance of services as an employee under a reimbursement or other expense allowance arrangement (as defined in § 1.62-2) with his or her employer. For the rules pertaining to expenses paid or incurred in taxable years beginning before January 1, 1989, see § 1.62-1T (c)(2) and (f) (as contained in 26 CFR part 1. (§§ 1.61 to 1.169) revised April 1, 1992).”

14.26 U.S.C. § 62 defines adjusted gross income as, “in the case of an individual, gross income minus the following deductions: (1) trade and business deductions, (2) certain trade and business deductions of employees.- - (A) reimbursed expenses of employees, (B) certain expenses of performing artists, (C) certain expenses of officials, (D) certain expenses of elementary and secondary school teachers, (E) certain expenses of members or reserve components of the Armed Forces of the United States, (3) losses from sale or exchange of property, (4) deductions attributed to rents and royalties, (5) certain deduction of life tenants and income beneficiaries or property, (6) pension, profit sharing, and annuity plans of self-employed individuals, (7) retirement savings, (8) repealed.Pub.L. 104-188, Title I, § 1401(b)(4), Aug. 20, 1996, 110 Stat. 1788], (9) penalties forfeited because of premature withdrawal of funds from time savings accounts or deposit, (10) repealed.Pub.L. 115-97, Title I, § 11051(b)(2)(A), Dec. 22, 2017, 131 Stat. 2089], (11) reforestation expenses, (12) certain required repayments of supplemental unemployment compensation benefits, (13) jury duty pay remitted to employer, (14) repealed.Pub.L. 113-295, Div. A, Title II, § 221(a)(34)(C), Dec. 19, 2014, 128 Stat. 4042], (15) moving expenses, (16) Archer MSAs, (17) interest on education loans, (18) repealed.Pub.L. 116-260, Div. EE, Title I, § 104(b)(2)(A), Dec. 27, 2020, 134 Stat. 3041], (19) health savings account, (20) costs involving discrimination suits, etc., (21) Attorney’s fees relating to awards to whistleblowers.”

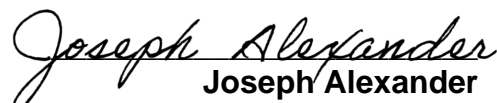
DISCUSSION

During the administrative hearing, the Appellant and her representative testified they were seeking retroactive medical coverage for the month of [REDACTED] 2024, because the Appellant has outstanding medical expense(s) which may have been submitted to an agency for collection. Both AHCT and the Department determined the Appellant was not eligible for HUSKY D for the month of [REDACTED] 2024 because her income exceeded the income limit for a household of one. Neither 26 C.F.R. § 1.62-1 or 26 U.S.C. § 62, which both pertain to adjusted gross income and deductions, allow for a deduction specific to medical expenses.

AHCT correctly determined the Appellant does not meet the HUSKY D eligibility requirements for the month of [REDACTED] 2024 because her countable income exceeded the \$1,732.00 income standard.

DECISION

The Appellant's appeal is DENIED.


Joseph Alexander
Administrative Hearing Officer

CC:
Becky Brown, AHCT
Mike Towers, AHCT
Cathy Davis, AHCT

RIGHT TO REQUEST RECONSIDERATION

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, what new evidence has been discovered or what other good cause exists. If the request for reconsideration is granted, the appellant will be notified with **25** days of the request date. No response within **25** days means 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 Administrative Hearings and Appeals, 55 Farmington Avenue Hartford, CT 06105.

RIGHT TO APPEAL

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 date of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's 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.