

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

[REDACTED], 2024  
Signature confirmation

Case: [REDACTED]  
Client: [REDACTED]  
Hearing: 247167

**NOTICE OF DECISION**

**PARTY**

[REDACTED]  
[REDACTED]  
[REDACTED]

**PROCEDURAL BACKGROUND**

On [REDACTED], 2024, Access Health CT (“AHCT”), Connecticut’s Health Insurance Exchange, terminated [REDACTED] (the “Appellant”) and his wife’s HUSKY-A Transitional Medical Assistance (“HUSKY-A TMA”) coverage effective [REDACTED] 2024.

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

On [REDACTED] 2024, the OLCRAH scheduled the hearing for [REDACTED] 2024.

On [REDACTED], 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 a hearing by telephone conferencing. The following individuals participated:

[REDACTED], Appellant  
Ashli McFarlane, AHCT Representative  
Eva Tar, Hearing Officer

The hearing record closed [REDACTED], 2024.

## **STATEMENT OF ISSUE**

The issue is whether AHCT correctly determined that the Appellant's and his wife's HUSKY-A TMA coverage expired effective [REDACTED], 2024.

## **FINDINGS OF FACT**

1. The Appellant's household consists of the Appellant, his wife, and their three minor children. (Appellant Testimony)
2. [REDACTED] employs the Appellant as an accountant for approximately \$6,488.00 per month with a bonus; the Appellant has two (2%) percent deducted from his wages for his 401k (1%) and Roth IRA (1%). (Appellant Testimony)
3. The Appellant breaks even from doing a taxes on the side; the Appellant's income is offset by his payment for yearly training and tax software. (Appellant Testimony)
4. The Appellant's wife is not employed; she is a housewife. (Appellant Testimony)
5. The Appellant and his wife files taxes jointly; the three children are dependents. (Appellant Testimony)
6. On [REDACTED] 2023, AHCT issued a notice to the Appellant granting the Appellant and his wife HUSKY-A TMA coverage from [REDACTED] 2023 through [REDACTED] 2024. The notice advised the Appellant that the couple's HUSKY-A TMA coverage would last up to 12 months. (AHCT Exhibit 4)
7. On [REDACTED] 2023, AHCT granted the Appellant's three minor children HUSKY-A Children coverage from [REDACTED] 2023 through [REDACTED] 2024. (AHCT Exhibit 4)
8. There are 11 months in the period from [REDACTED] 2023 through [REDACTED] 2024.
9. On [REDACTED] 2024, AHCT issued a notice to the Appellant terminating the Appellant's and his wife's HUSKY-A TMA coverage effective [REDACTED], 2024. (AHCT Exhibit 2)
10. On [REDACTED], 2024, AHCT granted the Appellant's minor children HUSKY A-TMA coverage from [REDACTED] 2024 through [REDACTED] 2025. (AHCT Representative Testimony) (AHCT Exhibit 2)
11. Effective [REDACTED], 2024, the HUSKY-A income limit for a household of five is \$4,207.00 per month or 138 percent of the Federal Poverty Level. (AHCT Representative Testimony)
12. 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 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....”

**The Department of Social Services has the authority to administer Connecticut’s HUSKY-A 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. “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).

Section 38 of Public Act No. 24-81 provides in part: Subsection (a) of section 17b-261 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2024):

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] thirty-three per cent of the federal poverty level without an asset limit....* (emphasis added)

**As provided by Section 38 of Public Act No. 24-81, medical coverage under the State Plan is available to eligible parents and eligible caretaker relatives whose modified adjusted gross income limit is less than or equal to 133 percent of the Federal Poverty Level.**

4. “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).

**AHCT correctly determined that the Appellant’s income from all sources is an essential factor in determining his household’s eligibility to participate in the HUSKY-A program.**

5. Title 42, Code of Federal Regulations, Section 435.603 addresses the application of modified adjusted gross income (MAGI).

“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).

**After allowing for a five-percentage-point disregard of the Federal Poverty Level for MAGI-based income, effective [REDACTED] 2024, the HUSKY A income limit for parents and caretakers equals 138 percent of the monthly Federal Poverty Level for households residing in Connecticut.**

**It is reasonable to conclude that after deducting two percent from the Appellant’s wages for his 401K and Roth IRA contributions, the Appellant’s monthly income of \$6,488.00 (plus any residual income from his side business), exceeded \$4,207.00, i.e., 138 percent of the Federal Poverty Level for a household of five residing in Connecticut.**

**In [REDACTED] 2024, the Appellant and his wife were ineligible to participate in the HUSKY A coverage group for parents and caretakers, as the household's monthly income exceeded that coverage group's income limit.**

6. 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.

"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)...." 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).

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

7. 42 USC § 1396r-6 (a)(3) provides the circumstances under which a 6-month or 12-month extension may be terminated prior to the expiration of the extension period. This section notes that the only reason for early termination is if there is no dependent child in the home; this section also provides for notice before termination and continuation in certain cases until redetermination.

**As the Appellant's household includes three dependent children, AHCT erred when it terminated the Appellant's and his wife's HUSKY-A TMA coverage as parents and caretakers in the 11<sup>th</sup> month ([REDACTED] 2024) of the 12 months of the TMA extension.**

**The Appellant and his wife were eligible for HUSKY-A TMA coverage for 12 months, i.e., from [REDACTED], 2023 through [REDACTED] 2024.**

**Conn. Gen. Stat. § 17b-261(f) prohibits AHCT from extending the Appellant's and his wife's HUSKY-A TMA coverage beyond [REDACTED] 2024.**

**DECISION**

The Appellant's appeal is GRANTED in part.

**ORDER**

1. AHCT will grant the Appellant and his wife HUSKY-A TMA coverage for [REDACTED] 2024, the 12<sup>th</sup> month of eligibility.
2. Within 14 calendar days of the date of this Decision, or [REDACTED] 2024, compliance with this Order is due to the undersigned.

*Eva Tar-electronic signature*  
Eva Tar  
Hearing Officer

Pc: Ashli McFarlane, AHCT  
Becky Brown, AHCT  
Christina Rodriguez, AHCT  
Danielle Valente, DSS-Central Office  
Shannon Laplante, DSS-Central Office  
Allison Doyle, DSS-Central Office  
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.