

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2304601
Decision Date:	7/18/2023	Hearing Date:	07/13/2023
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Dionne Wisdom – SPR MEC



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	DENIED	Issue:	Financial Eligibility
Decision Date:	7/18/2023	Hearing Date:	07/13/2023
MassHealth's Rep.:	Dionne Wisdom	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MEC	Aid Pending:	Yes

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated May 25, 2023 MassHealth informed Appellant that that her MassHealth benefits would terminate as of June 30, 2023 because her income exceeds MassHealth eligibility limits (Exhibit A). Appellant filed for an appeal in a timely on June 5, 2023 (130 CMR 610.015(B); Exhibit A). Termination of assistance constitutes valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth scheduled the termination of Appellant's MassHealth benefits upon determining that her income exceeds MassHealth eligibility limits.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it scheduled the termination of Appellant's MassHealth benefits upon determining that her income exceeds MassHealth eligibility limits.

Summary of Evidence

Both parties appeared by telephone. The MassHealth representative testified that Appellant completed and filed an eligibility renewal on May 25, 2023. In her review, Appellant reported federal tax filing status as single with no dependents with gross income of \$1,750.00 per week. Appellant is an adult under the age of 65 who resides in the community. The MassHealth representative testified that Appellant's gross countable household income constitutes 307.12% of the Federal Poverty Level (FPL) which is above the limit for all MassHealth benefits. Accordingly, MassHealth issued the subject notice to Appellant dated May 25, 2023 advising Appellant that her MassHealth benefits would terminate on June 30, 2023.

Appellant appeared on her own behalf and did not dispute the income figures cited by MassHealth. She testified that her children still reside with her and she supports them. Upon questioning by the hearing officer as to whether she was living with any children under the age of 19, Appellant testified that her daughter is age 19. Appellant asserted that it was "ridiculous" that the state counts her gross pay instead of her take-home pay. Appellant testified that she is living paycheck to paycheck as it is and she cannot afford to pay for private health insurance. Appellant further asserted that if she were a minority, she would get coverage.

Findings of Fact

Based on a preponderance, this record supports the following findings:

1. Appellant completed and filed a MassHealth eligibility renewal on May 25, 2023.
2. In her review, Appellant reported federal tax filing status as single with no dependents with gross income of \$1,750.00 per week.
3. Appellant is a non-disabled adult under the age of 65 who resides in the community.
4. Appellant does not reside with children who are under the age of 19.
5. For MassHealth eligibility purposes, Appellant has a household size of one.
6. Appellant's gross countable household income constitutes 307.12% of the Federal Poverty Level (FPL).
7. MassHealth issued the subject notice to Appellant dated May 25, 2023 advising Appellant that her MassHealth benefits would terminate on June 30, 2023.

Analysis and Conclusions of Law

"The burden of proof is on the appealing party to show that the order appealed from is invalid, and we have observed that this burden is heavy" (*Massachusetts Inst. of Tech. v. Department of Pub. Utils.*, 425 Mass. 856, 867, 684 N.E.2d 585 (1997)).

Appellant has not met her burden. At hearing she did not provide any information, documentation or supported testimony to dispute MassHealth figures, calculations or the subject determination.

MassHealth's determination that Appellant (as a single tax filer claiming no dependents with no children under the age of 19 residing in her home) resides in a household of one is supported by regulations at 130 CMR 506.002.

MassHealth's determination that Appellant, a non-disabled adult residing in the community, is not eligible for MassHealth benefits because her gross countable household income exceeds 300% FPL is supported by regulations at 130 CMR 505.001-009. Appellant's gross countable household income also exceeds the 300% FPL eligibility limit for ConnectorCare (956 CMR 12.04).

On this record, Appellant has failed to establish a reasonable basis in fact or law to conclude that MassHealth's action is invalid. Accordingly, the appeal is DENEID.

Order for MassHealth

Remove AID PENDING and proceed with termination pursuant to subject notice.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186