

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304756
Decision Date:	8/30/2023	Hearing Date:	07/10/2023
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Emma Levine, Charlestown MEC

Interpreter:



*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:	Over Income; Under 65
Decision Date:	8/30/2023	Hearing Date:	07/10/2023
MassHealth's Rep.:	Emma Levine	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	Aid Pending:	No

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 June 5, 2023, MassHealth changed appellant's health coverage from MassHealth Standard to MassHealth CommonHealth. (Ex 1). The appellant filed this appeal in a timely manner on June 12, 2023. (Ex. 2). MassHealth's determination regarding scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth changed appellant's coverage from MassHealth Standard to MassHealth CommonHealth.

Issue

The appeal issue is whether MassHealth was correct in changing appellant's coverage to MassHealth CommonHealth.

Summary of Evidence

"At the beginning of the COVID-19 public health emergency (PHE), the federal government issued continuous coverage requirements. Since March 2020, MassHealth has put protections in place so that individuals receiving Medicaid would generally not lose their coverage unless they voluntarily withdrew, moved out of state, or passed away. These continuous coverage requirements ended April 1, 2023." (Eligibility Operations Memo 23-13 April 2023; Testimony).

Appellant and the MassHealth worker both appeared by phone and were sworn. MassHealth changed appellant's MassHealth coverage from Standard to CommonHealth. (Ex. 1; Testimony). MassHealth changed appellant's coverage because her income increased and the public health emergency ended and appellant's child was now [REDACTED] years old. MassHealth classifies appellant as a disabled adult. MassHealth testified appellant was over income to qualify for Standard. Appellant is under age 65, (Ex. 5), lives in a one-person household and her MassHealth Standard coverage has ended due to the end of the public health emergency. (Testimony). The MassHealth representative testified appellant's income was from social security, totaling \$2,160.00.00 gross per month. (Testimony). The MassHealth representative stated that based on income and the federal poverty level appellant was eligible for MassHealth CommonHealth. (Testimony).

Appellant testified on her own behalf. She stated she was disabled and has been on some type of MassHealth plan since 1992. She stated she has Medicare and that her daughter was [REDACTED] years old. At the end of her testimony and after listening to the worker for MassHealth, appellant stated she understood how MassHealth came to its determination.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. Appellant is under age 65, disabled and lives in a one-person household. (Testimony; Ex. 5).
2. Appellant has a gross monthly income of \$2,160.00 from social security. (Testimony).
3. 133% of the federal poverty level is \$1,616.00 a month for a household of one. (130 CMR 505.002 (E)); 2023 MassHealth Income Standards and Federal Poverty Guidelines).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

505.002: MassHealth Standard

(A) Overview.

(1) 130 CMR 505.002 contains the categorical requirements and financial standards for MassHealth Standard serving children, young adults, parents, caretaker relatives, people who are pregnant, disabled individuals, certain individuals with breast or cervical cancer, certain individuals who are HIV positive, independent foster-care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F).

...

(E) Disabled Individuals.

(1) Disabled Adults. A disabled adult 21 through 64 years old or a disabled young adult 19 through 20 years old who does not meet the requirements described at 130 CMR 505.002(B)(3)(a)1. is eligible for MassHealth Standard coverage if they meet the following requirements:

- (a) the individual is permanently and totally disabled as defined in 130 CMR 501.001: Definition of Terms;
- (b) the modified adjusted gross income of the MassHealth Disabled Adult household as described in 130 CMR 506.002(C): MassHealth Disabled Adult Household is less than or equal to 133% of the federal poverty level (FPL), or the individual is eligible under § 1634 of the Social Security Act (42 U.S.C. § 1383c) as a disabled adult child or as a disabled widow or widower, or is eligible under the provisions of the Pickle Amendment as described at 130 CMR 519.003: Pickle Amendment Cases;
- (c) the individual is a citizen as described in 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and
- (d) the individual complies with 130 CMR 505.002(M).

Deductions. The following are allowable deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse;
- (9) individual retirement account (IRA);
- (10) student loan interest; and
- (11) higher education tuition and fees.

130 CMR 506.003(D).

506.002: Household Composition

(A) Determination of Household Composition. MassHealth determines household size at the individual member level. MassHealth determines household composition in two ways.

1) ...

(2) MassHealth Disabled Adult Household. MassHealth uses the MassHealth Disabled Adult household composition rules to determine member eligibility for the following benefits:

(a) MassHealth Standard, as described in 130 CMR 505.002(E): Disabled Adults;

(b) MassHealth CommonHealth, as described in 130 CMR 505.004(B) through (E); and (c) MassHealth Family Assistance, as described in 130 CMR 505.005(F): *Eligibility Requirement for Disabled Adults Who Are Qualified Noncitizens Barred, Nonqualified Individuals Lawfully Present, and Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth Disabled Adult Household at or Below 100% of the Federal Poverty Level*.

Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

The appellant lives in a one-person household and has total monthly income of \$2,160.00. This amount would be \$540.00 a week, multiplied by 4.333, equaling \$2,340.00 gross monthly income. Pursuant to 130 CMR 506.007(A), 5 percentage points of the current FPL is deducted to determine countable income. For a household of one, 5 percentage points of the current FPL equals \$81.00. Accordingly, the appellant's countable income is \$2,259.00. The income limit for MassHealth Standard is 133% of the federal poverty level, or \$1,616.00 a month for a household of one. The appellant's countable income exceeds this amount and thus she is not financially eligible for MassHealth Standard. MassHealth's action is upheld and the appeal is denied.

Order for MassHealth

None.

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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129