

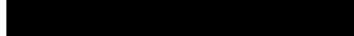
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2305819
<b>Decision Date:</b>	8/11/2023	<b>Hearing Date:</b>	08/16/2023
<b>Hearing Officer:</b>	Rebecca Brochstein		

**Appearances for Appellant:**



**Appearances for MassHealth:**

Georges Jorcelin, Charlestown, MEC



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

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	8/11/2023	<b>Hearing Date:</b>	08/16/2023
<b>MassHealth Rep.:</b>	Georges Jorcelin	<b>Appellant's Rep.:</b>	Pro Se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center (Video Conference)	<b>Aid Pending:</b>	Yes

### Authority

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

### Jurisdiction

Through a notice dated July 12, 2023, MassHealth informed the appellant that she is no longer eligible for MassHealth benefits (Exhibit 1). The appellant filed this appeal in a timely manner on July 18, 2023, and her benefits were protected pending the appeal (130 CMR 610.015(B); Exhibit 2). Denial or termination of benefits is a valid basis for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that the appellant is no longer eligible for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth correctly determined the appellant's eligibility for benefits.

## **Summary of Evidence**

An eligibility caseworker from the Charlestown MassHealth Enrollment Center appeared at the hearing, which was held by video conference. He testified that the appellant was previously eligible for MassHealth Standard. When MassHealth redetermined her eligibility, it found that she currently has a household of two, consisting of herself and a minor child, and income of \$3,243 per month.<sup>1</sup> The MassHealth caseworker testified that the income limit for a household of two is \$2,186 per month, or 133% of the federal poverty level for a household of two. He stated that the appellant's income of \$3,243 per month is over the limit for her to continue to receive MassHealth benefits and that she was instead approved for a Health Connector plan (with Health Safety Net in the interim). He added that the child, who is subject to different income standards, was approved for MassHealth Family Assistance.

The appellant appeared at the hearing and testified on her own behalf. She stated that she was having trouble completing the eligibility redetermination and when she called MassHealth for assistance, she was told by a representative that the income limit for MassHealth is \$44,000 per year for a household of two. She stated that this led her to believe she would remain eligible for MassHealth benefits. The appellant stated that she was quoted \$207 as the monthly premium for a Health Connector plan. She added that her work hours were due to decrease as of September 18. The appellant also expressed concern about not being eligible to continue with her current health plan, as she requires coverage for mental health treatment and medications.

## **Findings of Fact**

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

1. The appellant is under the age of 65 and has a household of two, consisting of herself and her minor child.
2. The appellant was previously approved for MassHealth.
3. In July 2023, MassHealth redetermined the appellant's eligibility and found that her income from employment is \$3,243 per month.
4. On July 12, 2023, MassHealth notified the appellant that her MassHealth benefits would be terminated because her income exceeds the limit of 133% of the federal poverty level, or \$2,186 per month for a household of two.
5. On July 18, 2023, the appellant filed a timely appeal. Her MassHealth benefits were protected pending the outcome of the appeal.

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<sup>1</sup> The MassHealth representative testified that the teenaged child has income of \$412 per month from intermittent employment, but that he would remove this income from the case.

## Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults<sup>2</sup>, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (6) MassHealth Medicare Savings Programs – for certain Medicare beneficiaries.

At issue in this case is MassHealth's determination that the appellant is no longer eligible for MassHealth benefits. Under 130 CMR 505.002(C), the income limit for parents and caretaker relatives to qualify for MassHealth Standard is 133% of the federal poverty level; for a household of two, that limit is \$2,186 per month. Based on the income on file, MassHealth correctly determined that the appellant is not financially eligible for a MassHealth coverage type and is instead qualified to enroll in a Health Connector plan. If the appellant's income has decreased, as she suggested was likely, she can re-verify her income and have MassHealth redetermine her eligibility. On the current record, however, MassHealth's determination was correct. This appeal is therefore denied.

## Order for MassHealth

Remove aid pending protection.

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<sup>2</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

## **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.

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Rebecca Brochstein  
Hearing Officer  
Board of Hearings

cc: Charlestown MEC