

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308152
Decision Date:	10/13/2023	Hearing Date:	09/26/2023
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Maribel Sepulveda, Springfield 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:	Eligibility; Over Income; Under 65
Decision Date:	10/13/2023	Hearing Date:	09/26/2023
MassHealth's Rep.:	Maribel Sepulveda	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 September 11, 2023, MassHealth notified appellant he did not qualify for benefits because MassHealth determined that his income was too high. (Ex. 1). The appellant filed this appeal in a timely manner on September 11, 2023.¹ (130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined appellant is not eligible for MassHealth because he had more countable income.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant was over income to qualify for MassHealth.

Summary of Evidence

¹ Appellant did not date the Fair Hearing Request Form but the form shows a fax date of September 11, 2023.

Appellant and the MassHealth worker appeared by telephone and were sworn. The MassHealth representative stated that the appellant lives in a three-person household and receives income from employment, totaling \$1,600.00 a week. (Testimony). Appellant's spouse had income of \$1,457.77 biweekly from employment. (Testimony). The MassHealth representative testified that the total gross monthly income of the household was \$10,091.79, exceeding the limit for MassHealth Standard. (Testimony). The MassHealth representative stated that based on income and the federal poverty level appellant was eligible for the Health Connector. (Testimony).

Findings of Fact

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

1. Appellant is under age 65, not disabled and lives in a three-person household. (Testimony; Ex. 4).
2. Appellant and his spouse have a gross monthly income of \$10,090.00.² (Testimony).
3. 133% of the federal poverty level is \$2,756.00 a month for a household of three. (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

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and

(c) (1). the parent lives with their children, and assumes primary responsibility for the child's care in the case of a parent who is separated or divorced, has custody of their children, or have children who are absent from home to attend school; or

(2). the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those

² This was the calculation of this hearing officer.

relatives, and assumes primary responsibility for the child's care, if neither parent lives in the home.
(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law. (130 CMR 506.003(D)).

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 three-person household and has total gross monthly income of \$10,090.00. This was attained by taking appellant's weekly income from employment of \$1,600.00, and multiplying by 4.333, equaling \$6,933.00 gross monthly income. Appellant's spouse has a weekly income from employment of \$728.00 and multiplying that by 4.333, resulting in a gross monthly income for the spouse of \$3,157.00. (Testimony; 130 CMR 506.007). Adding the two gross monthly incomes together for a total household gross monthly income equals \$10,090.00.³ Pursuant to 130 CMR 506.007(A), 5 percentage points of the current FPL is deducted to determine countable income. For a household of three, 5 percentage points of the current FPL equals \$138.00. Accordingly, the appellant's countable

³ All calculated amounts are rounded off.

income is \$9,952.00. The income limit for MassHealth Standard is 133% of the federal poverty level, or \$2,756.00 a month for a household of three. The appellant's countable income exceeds this amount and thus he 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: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186