

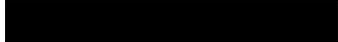
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2308822
<b>Decision Date:</b>	11/17/2023	<b>Hearing Date:</b>	10/23/2023
<b>Hearing Officer:</b>	Rebecca Brochstein		

**Appearances for Appellant:**



**Appearances for MassHealth:**

Mayra Vazquez, Tewksbury 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>	11/17/2023	<b>Hearing Date:</b>	10/23/2023
<b>MassHealth Rep.:</b>	Mayra Vazquez	<b>Appellant's Rep.:</b>	Pro Se
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center (Telephonic)	<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 September 25, 2023, MassHealth informed the appellant that she is no longer eligible for MassHealth benefits but is eligible to enroll in a ConnectorCare plan with Health Safety Net in the interim (Exhibit 1). The appellant filed this appeal in a timely manner on September 25, 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 but is eligible to enroll in a ConnectorCare plan with Health Safety Net in the interim.

## Issue

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

## **Summary of Evidence**

An eligibility caseworker from the Tewksbury MassHealth Enrollment Center appeared at the hearing telephonically. She testified that the appellant, who has a household of three, was previously eligible for MassHealth Standard. When MassHealth redetermined her eligibility, it found that she has gross income of \$2,904.67 per month. The MassHealth caseworker testified that the income limit for a household of three is \$2,756 per month, or 133% of the federal poverty level for that household size. She stated that the appellant's income 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). She added that the appellant's disabled child remains eligible for MassHealth Standard and that her other child is eligible for MassHealth Family Assistance. She also noted that the appellant must complete an absent parent form.

The appellant appeared at the hearing telephonically and testified on her own behalf. She testified that her monthly rent exceeds her income, and that she cannot afford her employer-sponsored health insurance. She stated that she called the Health Connector and was told her premium for a ConnectorCare plan will be \$75 per month. She indicated that she would complete the absent parent form to the best of her ability, noting that her children's other parent was deported ten years ago.

## **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 three, consisting of herself and two children.
2. The appellant was previously approved for MassHealth Standard.
3. In September 2023, MassHealth redetermined the appellant's eligibility and found that her income from employment is \$2,904.67 per month.
4. On September 25, 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 \$2,756 per month for a household of three. She was approved for a ConnectorCare plan with Health Safety Net in the interim.
5. On September 25, 2023, the appellant filed a timely appeal. Her MassHealth benefits were protected pending the outcome of the appeal.

## 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>1</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 three, that limit is \$2,756 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. As there is no error in the MassHealth determination, this appeal is denied.

### Order for MassHealth

Remove aid pending protection.

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<sup>1</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: Tewksbury MEC