

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309216
Decision Date:	2/28/2024	Hearing Date:	11/02/2023
Hearing Officer:	Scott M. Bernard	Record Open to:	01/01/2024

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Jada Newsome (Quincy MEC) *via telephone*



*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:	MassHealth Standard Downgrade/ Health Safety Net (HSN) Approval
Decision Date:	2/28/2024	Hearing Date:	11/02/2023
MassHealth's Rep.:	Jada Newsome	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South		

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 25, 2023, MassHealth notified the appellant that it was downgrading her coverage from MassHealth Standard to HSN because her income exceeded the income limit. (See 130 CMR 505.002 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on October 3, 2023. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the request of the appellant, the record was left open until January 1, 2024 after which it closed.

Action Taken by MassHealth

MassHealth downgraded the appellant's MassHealth coverage from MassHealth Standard to HSN.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002; 519.005, in determining that the appellant was over the income limit for MassHealth Standard.

Summary of Evidence

According to the MassHealth Medicaid Management Information System (MMIS), the appellant is over the age of 65. (Ex. 3). The appellant received MassHealth Standard as a caretaker relative of a child younger than 19 years old from August 19, 2019 through October 9, 2023. (Id.). The appellant now has categorical eligibility for MassHealth as a person age 65 or older. (Testimony)

The MassHealth representative testified to the following. On September 25, 2023, the appellant completed her renewal application over the telephone. (Testimony). At that time the appellant reported an increase in her income. (Testimony). The appellant lives in a household of three and is the head of household. (Testimony). The appellant receives \$3,408.77 from a monthly pension and \$436 a month from Social Security. (Testimony). The two other members of the household receive, respectively, \$1,100 and \$609 per month in Social Security. (Testimony). The income limit for MassHealth Standard for a caretaker relative of a child under 19 is 133% of the FPL, which is \$2,756.00 a month for a family of three. (Testimony). The income limit for MassHealth Standard for a person age 65 or older is 100% of the FPL, or \$2,072.00 a month for a household of three.

The MassHealth representative stated that there was a note in MMIS that the appellant reported she was disabled. The MassHealth representative stated that MassHealth sent the appellant a Disability Supplement on October 24, 2023. The MassHealth representative stated that the appellant might be eligible for MassHealth CommonHealth based on a disability, but needed to undergo disability evaluation with the University of Massachusetts Medical Center's Disability Evaluation Service (DES) first. The MassHealth representative stated that once the appellant submitted the Supplement, DES would then determine whether the appellant was disabled.

The appellant did not dispute the MassHealth representative's statement concerning her income. The appellant requested time after the hearing to submit the disability supplement. For that reason, the record was left open in order to give the appellant an opportunity to do this, after which the record closed.

Findings of Fact

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

1. The appellant is over the age of 65. (Ex. 3).
2. The appellant received MassHealth Standard as a caretaker relative of a child younger than 19 years old from August 19, 2019 through October 9, 2023. (Ex. 3).
3. The appellant has a household of three and is the head of household. (Testimony of the MassHealth representative).
4. On September 25, 2023, the appellant completed her renewal application over the

telephone. (Testimony of the MassHealth representative).

5. The appellant reported that her monthly income consisted of \$3,408.77 from a pension \$436 from Social Security. (Testimony of the MassHealth representative).
6. The two other members of the household receive, respectively, \$1,100 and \$609 per month in Social Security. (Testimony of the MassHealth representative).
7. The appellant's monthly countable income is over 133% of the FPL for a family of three. (Testimony of the MassHealth representative).
8. The income limit for MassHealth Standard for the caretaker relative of a child under age 19 is 133% of the FPL, which is \$2,756.00 a month for a family of three; the income limit for MassHealth Standard for a person age 65 or older is 100% of the FPL, or \$2,072.00 a month for a family of three. (Testimony of the MassHealth representative).

Analysis and Conclusions of Law

A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if, among other things, the modified adjusted gross income of the household is less than or equal to 133% of the FPL, or \$2,756.00 a month for a family of three. (130 CMR 505.002(C)(a)). The appellant's total income alone exceeds \$2,756.00, and thus she is no longer financially eligible for MassHealth Standard as the parent of a child under age 19. Further, the income limit for MassHealth Standard for a person age 65 or older is 100% of the FPL, or \$2,072.00 a month for a family of 3. (130 CMR 519.005). The appellant's income alone exceeds this amount. The appellant did not dispute the income as reported by MassHealth. The appellant is over the income limit for MassHealth Standard.

For the above stated reasons, the appeal is DENIED.

Order for MassHealth

Remove aid pending.

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.

Scott M. Bernard
Hearing Officer
Board of Hearings

cc:Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171