

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2310030
<b>Decision Date:</b>	01/18/2024	<b>Hearing Date:</b>	11/21/2023
<b>Hearing Officer:</b>	Casey Groff, Esq.	<b>Record Closed:</b>	11/23/2023

**Appearance for Appellant:**  
*Pro se*

**Appearance for MassHealth:**  
Kristina Nessralla, Charlestown MEC



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65; Income
<b>Decision Date:</b>	01/18/2024	<b>Hearing Date:</b>	11/21/2023
<b>MassHealth's Rep.:</b>	Kristina Nessralla	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	No

### Authority

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

### Jurisdiction

Through two notices dated 10/9/23, MassHealth informed Appellant and his minor son that they no longer qualified for MassHealth benefits because the household income exceeded program limits and that their coverage would end on 10/23/23 and 12/31/23, respectively. See Exh. 1; 130 CMR 506.007(B) and 130 CMR 502.003. Appellant filed a timely appeal on 10/19/23.<sup>1</sup> See Exhibit 2 and 130 CMR 610.015(B). Denial or reduction of assistance is valid grounds for appeal. See 130 CMR 610.032. At the conclusion of the hearing, the record was held upon until 11/23/23 for the parties to submit additional information. See Exh. 5-8

### Action Taken by MassHealth

MassHealth determined that Appellant's household income exceeded program limits and, on this basis, terminated his and his minor son's MassHealth coverage.

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<sup>1</sup> Appellant's fair hearing request indicated that he was only appealing his 10/9/23 termination notice, as no reference was made to other household members. At hearing, Appellant indicated that he wanted to appeal the three (3) other MassHealth termination notices sent to each family member on 10/9/23. However, two of the four notices were sent to household members above the age of 18 and who had not provided authorization for an appeal to be filed on their behalf. Therefore, only the 10/9/23 notice regarding Appellant's minor child was consolidated into the appeal and is addressed in this decision.

## Issue

The appeal issue is whether MassHealth was correct in determining that Appellant's household income exceeded program limits, and on this basis, whether MassHealth correctly terminated Appellant and his son's coverage.

## Summary of Evidence

A MassHealth representative appeared at the hearing by telephone and testified as follows: Appellant is an adult male under the age of 65 and lives in a household size of four (4), consisting of himself, his wife, and two dependent children: a son above the age of 18 and a minor son.<sup>2</sup> As of 10/9/23, Appellant was enrolled in MassHealth Limited and his minor son was enrolled in MassHealth Family Assistance. On 10/9/23, MassHealth notified Appellant and members of his household through individual member notices that they no longer qualified for their existing benefits because their household income exceeded regulatory limits. See Exh. 1 and Exhs. 6-8. The 10/9/23 letter directed to Appellant stated that he no longer qualified because "the income for this person is too high. 130 CMR 506.007(B) and 130 CMR 502.003" and that his coverage would end on 10/23/23. See Exh. 1. In addition, the 10/9/23 letter directed toward's Appellant's son indicated that due to household income, his Family Assistance benefit would end on 12/31/23, and that his benefit would transition to Children's Medical Security Plan (CMSP) effective 9/29/23. See Exh. 6.

The MassHealth representative testified that the 10/9/23 determinations were based on the most recent renewal Appellant completed for his household, in which he reported that he (Appellant) receives weekly income of \$544; his wife earns bi-weekly income of \$3,439, and that their non-minor child makes bi-weekly income of \$360. MassHealth testified that their total countable household monthly income is \$9,896.41. This places them at 379.65% of the federal poverty level (FPL). See id. To qualify for MassHealth Limited, adults, like Appellant, must have household income at or less than 133% of the FPL. Because the household income exceeded the regulatory limit, MassHealth correctly informed them that their benefits would end.

Appellant appeared at hearing by telephone and testified that he did not dispute the monthly household income figures that were used for determining eligibility. Rather, after receiving the termination notice, Appellant sought to obtain coverage through a health connector plan but was told that he would not be able to enroll into a new health insurance plan until January of 2024. He did not want his family to have a gap in insurance coverage for that long in case they needed medical treatment or needed to be seen by a doctor. Appellant requested that

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<sup>2</sup> As noted in the jurisdiction section, above, this decision only addresses in substance the 10/9/23 termination notices regarding Appellant and his minor son's coverage.

MassHealth extend his coverage until he could enroll in a new plan.

In response, the MassHealth representative reiterated that the children's Family Assistance benefits were still active and would not terminate until December 31, 2023. Because Appellant was not eligible for MassHealth, his benefit could not be reinstated at this time.<sup>3</sup>

## Findings of Fact

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

1. Appellant is an adult male under the age of 65 and lives in a household size of four (4), consisting of himself, his wife, and two dependent children: a son above the age of 18 and a minor son. (Testimony).
2. As of 10/9/23, Appellant was enrolled in Limited, and his minor son was enrolled in Family Assistance. (Testimony).
3. On 10/9/23, MassHealth notified Appellant that he no longer qualified for his existing benefit because "the income for this person is too high. 130 CMR 506.007(B) and 130 CMR 502.003" and that his coverage would end on 10/23/23. (Testimony; Exhibit 1).
4. On 10/9/23, MassHealth notified Appellant's son that, due to household income, his Family Assistance benefit would end on 12/31/23, and that he would transition to CMSP effective 9/29/23. (Testimony; Exh. 6).
5. In completing the MassHealth renewal prompting the 10/9/23 notices, Appellant reported that he receives weekly income of \$544; his wife earns bi-weekly income of \$3,439, and that their non-minor child makes bi-weekly income of \$360. (Testimony).
6. Appellant has a total countable household income of \$9,896.41 per-month, placing him at 379.65% of the FPL for 2023. (Testimony; Exhibit 6).

## Analysis and Conclusions of Law

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<sup>3</sup> At hearing, the parties also discussed that loss of insurance may be considered a qualifying life event for purposes of seeking an enrollment prior to the open enrollment period, however this would have to be raised with the Health Connector.

The issue on appeal is whether MassHealth correctly determined that Appellant (and his minor son) had gross household income that exceeded program limits to qualify for MassHealth benefits. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

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

See 130 CMR 505.001(A)

To establish eligibility for MassHealth, applicants must meet both the categorical and financial requirements. Here, Appellant is *categorically* eligible for MassHealth Limited and his son is categorically eligible for Limited and Family Assistance.<sup>5</sup> To be *financially* eligible for MassHealth Limited, “adults 21 through 64 years old who are parents, caretakers, or adults” must have household income that is less than or equal to 133% of the FPL; and children that are “one through 18 years old” must have a household income less than or equal to 150% of the FPL. See 130 CMR 505.006(B). To be eligible for Family Assistance, categorically eligible children must have household income that does not exceed 300% of the FPL. See 130 CMR 505.005(A).

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<sup>4</sup> “Young adults” are defined at 130 CMR 501.001 as those aged 19 and 20.

<sup>5</sup> There is no evidence to indicate that the Appellants are categorically eligible for any of the other coverage types listed in 130 CMR 505.001(A), above.

The monthly income for a household of four at 133% of the FPL is \$3,325, and the income for a household of four at 300% of the FPL is \$7,500. See 2023 MassHealth Income Standards & Federal Poverty Guidelines.<sup>6</sup> At hearing, Appellant did not dispute that his gross household income is \$9,896.41. This places him and his son at 379.65% of the FPL. Because the household income exceeds the regulatory limits to qualify for continued coverage, MassHealth did not err in issuing the 10/9/23 termination notices.

For these reasons, this 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.

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Casey Groff, Esq.  
Hearing Officer  
Board of Hearings

cc:

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

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<sup>6</sup> This source is publicly available at: <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.