

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2310047
<b>Decision Date:</b>	01/26/2024	<b>Hearing Date:</b>	11/24/2023
<b>Hearing Officer:</b>	Emily Sabo	<b>Record Open to:</b>	12/14/2023

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Tiffany Castellanos, 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; MassHealth Standard; Over Income
<b>Decision Date:</b>	01/26/2024	<b>Hearing Date:</b>	11/24/2023
<b>MassHealth's Rep.:</b>	Tiffany Castellanos	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center (Telephone)	<b>Aid Pending:</b>	Yes

### 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 30, 2023, MassHealth terminated the Appellant's MassHealth Standard benefits, effective October 31, 2023, because MassHealth determined that the Appellant's income is too high (130 CMR 506.007(B), 130 CMR 502.003, and Exhibit 1). The Appellant filed this appeal in a timely manner on October 17, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial or reduction of benefits is valid grounds for appeal (see 130 CMR 610.032)

### Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth Standard benefit.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002(C), in terminating the Appellant's MassHealth Standard benefit based on her household income.

## Summary of Evidence

The Appellant appeared telephonically at the hearing and verified her identity. The Appellant testified that she has three children, but that her eldest daughter lives separately and files her own taxes and so her eldest daughter should not be considered part of the household. The Appellant testified that she lives with her two minor children.

The MassHealth representative appeared telephonically and testified that she could update the Appellant's record with MassHealth, to remove the eldest daughter from the household. The MassHealth representative testified that, as of March 26, 2019, the Appellant was eligible for MassHealth Standard as a pregnant person, under 130 CMR 505.002(D), and that the Appellant's coverage had been extended throughout her pregnancy and post-partum period, and then further extended due to the public health emergency. The MassHealth representative testified that the Appellant earns \$2,500 every two weeks, which is \$65,000 annually. The MassHealth representative testified that that was the only income for the household of three, consisting of the Appellant and two minor children. The MassHealth representative testified that to qualify for MassHealth Standard as a parent or caretaker relative, the MassHealth Modified Adjusted Gross Income (MAGI) income cannot be greater than 133% of the federal poverty level.<sup>1</sup>

The record was held open until December 14, 2023, to allow for the Appellant and MassHealth representative to update the Appellant's household size and income information. On December 5, 2023, the MassHealth representative emailed that she and the Appellant had resolved the appeal. The MassHealth representative stated that the Appellant was eligible for a health connector care plan, her minor children are on MassHealth Family Assistance, and that she had sent the Appellant an application for Premium Assistance.

## Findings of Fact

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

1. The Appellant is an adult under the age of 65 and has a household size of three (Testimony).
2. The Appellant's household income is \$65,000 annually (Testimony).

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<sup>1</sup> Under 130 CMR 505.002(D)(1)(a), to qualify for MassHealth Standard as a pregnant person, the MAGI must be less than or equal to 200% of the federal poverty level.

3. Through a notice dated September 30, 2023, MassHealth notified the Appellant that her MassHealth benefits would end on October 31, 2023 (Exhibit 1).

## Analysis and Conclusions of Law

The MassHealth regulations provide for eligibility for MassHealth Standard for parents and caretaker relatives at 130 CMR 505.002(C):

(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 has 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 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).

130 CMR 505.002(C).

The MassHealth Regulations at 130 CMR 501.001 define the federal poverty level as, "income standards issued annually in the *Federal Register* to account for the last calendar year's increase in prices as measured by the Consumer Price Index." For 2023, the *Federal Register* states that the federal poverty level for a household of three is \$24,864 yearly.

Here, the Appellant did not dispute that her household of three has an annual income of \$65,000. After the 5% disregard of \$1,243.20 for a family of three, the countable income is \$63,756.80 ( $\$65,000 - \$1,243.20 = \$63,756.80$ ). This is 256.42% of the federal poverty level for a family of three ( $\$63,756.80 / \$24,864 = 256.42\%$ ). Accordingly, under 130 CMR 505.002(C)(1)(a), the Appellant is not eligible for MassHealth Standard as a parent, because her income is greater than 133% of the federal poverty level. Therefore, MassHealth did not err in ending the Appellant's MassHealth Standard benefits, and the appeal is denied.<sup>2</sup>

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<sup>2</sup> The Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765).

## **Order for MassHealth**

End 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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129