

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311740
Decision Date:	1/31/2024	Hearing Date:	01/12/2024
Hearing Officer:	Radha Tilva		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Brian Pickett, Tewksbury MEC Rep.



*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 – under 65 - income
Decision Date:	1/31/2024	Hearing Date:	01/12/2024
MassHealth's Rep.:	Brian Pickett	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South	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 November 14, 2023, MassHealth determined appellant did not qualify for MassHealth benefits because she was over income (Exhibit 1). The appellant filed this appeal in a timely manner on November 16, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's application for MassHealth benefits because appellant determined that appellant is over income.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant is over the income limit to receive MassHealth benefits.

Summary of Evidence

The MassHealth representative appeared by telephone and testified that the notice under appeal was generated after appellant verified citizenship. Appellant is under the age of 65 with a household size of 4 (Exhibit 3). The appellant was previously on MassHealth Standard benefits. Her children remain on MassHealth Standard (Exhibit 5). The MassHealth representative stated that the system showed that appellant was working 40 hours per week. The MassHealth representative adjusted the income on file based on appellant's testimony that she works 32 hours per week at a rate of \$26.00 per hour. The income was adjusted to \$3,605.06 a month which put her at 139% of the federal poverty level (MassHealth testimony). It was explained that the income limit for MassHealth Standard is 133% of the federal poverty level which amounts to \$3,325.00 a month. The appellant was referred to the Health Connector.

The appellant stated that she is a single mother, has three children, and currently goes to school. The appellant stated that one of her children has a severe allergy and she has to purchase special food for them. The appellant testified that she does not make enough money to cover her bills.

Findings of Fact

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

1. The appellant was determined ineligible for MassHealth benefits on November 14, 2023.
2. Appellant has a household size of 4.
3. Appellant's gross monthly income was adjusted at hearing to approximately \$3,605.06 a month.
4. The income limit for MassHealth Standard benefits is \$3,325.00 for a household size of 4.
5. The appellant's children remained on MassHealth Standard benefits at the time of the appeal.

Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements.

(A) The MassHealth coverage types are the following:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker

relatives, young adults, 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 (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries.

(B) The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: Household Composition.

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. The appellant is a parent and therefore meets categorical eligibility for MassHealth Standard benefits. MassHealth Standard, however, requires that appellant's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL) (130 CMR 505.002(C)(1)(a)). Similarly, MassHealth CarePlus also requires a modified adjusted gross income of the MassHealth MAGI which is less than or equal to 133% of the federal poverty level (130 CMR 505.008(A)(2)(c)). As the MassHealth representative explained, 133% of the federal poverty level for a household of four is \$3,325.00 a month. The appellant's gross monthly income was adjusted to \$3,771.00 putting her slightly above the MassHealth limit. As such, appellant is ineligible for MassHealth benefits, but can look for a plan through the Health Connector. 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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:

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