

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |               |                       |            |
|-------------------------|---------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied        | <b>Appeal Number:</b> | 2312694    |
| <b>Decision Date:</b>   | 3/5/2024      | <b>Hearing Date:</b>  | 01/05/2024 |
| <b>Hearing Officer:</b> | Scott Bernard |                       |            |

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Kimberly Daughtry (Springfield MEC) *via*  
telephone

**Interpreter:**



*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>            | Under 65/Termination |
| <b>Decision Date:</b>     | 03/05/2024                                     | <b>Hearing Date:</b>     | 01/05/2024           |
| <b>MassHealth's Rep.:</b> | Kimberly Daughtry                              | <b>Appellant's Rep.:</b> | <i>Pro se</i>        |
| <b>Hearing Location:</b>  | Springfield<br>MassHealth<br>Enrollment Center |                          |                      |

### 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 6, 2023, MassHealth informed the appellant that he was not eligible for MassHealth and his Health Safety Net (HSN) would terminate on November 20, 2023, because his income exceeds the limit for any applicable MassHealth programs and for HSN. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on December 7, 2023. (See 130 CMR 610.015(B) and Ex. 2). Denial of MassHealth assistance is valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined the appellant's income exceeds the limits for MassHealth and HSN.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007, 504.006 in determining that the appellant's income exceeds the limits for MassHealth and for HSN.

## Summary of Evidence

The Medicaid Management Information System (MMIS) indicates that the appellant is an adult male between the ages of 21 and 64. (Ex. 3). The appellant is a Massachusetts resident. (Id.). The appellant was eligible for Health Safety Net (HSN) Partial from October 5, 2023 through November 20, 2023. (Id.). Prior to this the appellant received MassHealth Limited from July 18, 2020 through October 29, 2023. (Id.).

The MassHealth representative stated the following. The appellant is an undocumented immigrant. (Testimony). The appellant submitted a renewal application on October 15, 2023. (Testimony). On November 4, 2023, MassHealth received the appellant's paystubs as income verification. (Testimony). The paystubs show the appellant's income is 341.72% of the federal property level, which is approximately \$4,151.90 per month or \$49,822.78 per year for a family of one. (Testimony). In November 2023, the income limit for a family of one to receive HSN was 300% of the federal poverty level (FPL), which is \$3,645 per month or \$43,740 per year for a family of one. (Testimony). For that reason, MassHealth terminated the member's HSN because his income was too high. (Testimony; Ex. 1). The coverage end date on the notice was November 20, 2023. (Id.).

The appellant stated the following. The appellant's monthly income changes depending on the amount of work he does. (Testimony). If there is a shortage of people, the appellant makes more money. (Testimony). Usually, however, the appellant receives around \$1,400 every two weeks after taxes. (Testimony). The appellant theorized that the checks he submitted were from weeks where he was working more. The appellant stated that the \$1400 was after taxes. The appellant stated that he also has to pay child support.

The appellant stated that he has a wife and wondered whether he should add her to his household. The appellant wondered whether he should report his lower income. The MassHealth representative stated that if the appellant was just reporting the income, he would not need to submit a new application since he just submitted a renewal on October 15, 2023. If, however, the appellant was adding his spouse, and his spouse was over the age of 19, he would need to submit a new application.

## Findings of Fact

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

1. The appellant is an adult male between the ages of 21 and 64. (Ex. 3).
2. The appellant is a Massachusetts resident. (Ex. 3).
3. The appellant is an undocumented immigrant. (Testimony).

4. The appellant received HSN from October 5, 2023 through November 20, 2023. (Ex. 3).
5. Prior to this the appellant received MassHealth Limited from July 18, 2020 through October 29, 2023. (Ex. 3).
6. The appellant submitted a renewal application on October 15, 2023. (Testimony).
7. On November 4, 2023, MassHealth received the appellant's paystubs as income verification. (Testimony).
8. According to the paystubs, the appellant's income was equivalent to 341.72% of the FPL. (Testimony).
9. The income limit for HSN is 300% of the FPL. (Testimony).
10. MassHealth issued a notice dated November 6, 2023, informing him that his coverage would end on November 20, 2023, because his income was too high. (Ex. 1).
11. The appellant has a spouse.

## **Analysis and Conclusions of Law**

Other noncitizens may receive the following coverage:

(1) MassHealth Standard, if they are pregnant and meet the categorical requirements and financial standards as described in 130 CMR 505.002: MassHealth Standard;

(2) MassHealth Limited, if they meet the categorical requirements and financial standards as described in 130 CMR 505.006: MassHealth Limited; and

(3) Children's Medical Security Plan, if they are children younger than 19 years old and meet the categorical requirements and financial standards as described in 130 CMR 522.004: Children's Medical Security Plan (CMSP).

(130 CMR 504.006(D)).

The appellant is not disabled, nor is he the parent of a minor child, and thus he does not have categorical eligibility for MassHealth Standard. (130 CMR 505.002).

MassHealth Limited is available to the following:

(a) other noncitizens as described in 130 CMR 504.003(D):...4. adults 21 through 64 years old who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL... (130 CMR 505.006(B)(1)(a)(4)).

As a male, undocumented immigrant between the ages of 21 and 64, the only MassHealth coverage the appellant could be eligible for would be MassHealth Limited. (130 CMR 505.006(B)(1)(a)). For undocumented adults between the ages of 21 and 64, the modified adjusted gross income of the MassHealth MAGI household must be less than or equal to 133% of the FPL. (130 CMR 505.006(B)(1)(a)(4)). The appellant's household income exceeds 133% of the FPL, and therefore he also is not eligible for MassHealth Limited.

Health Safety Net is a source of funding for certain health care under 101 CMR 613.00: Health Safety Net Eligible Services and 101 CMR 614.00: Health Safety Net Payments and Funding. (130 CMR 501.001). In order to be eligible for HSN an individual living in the community who is under the age of 65 must complete and submit an application for benefits using the eligibility procedures and requirements under 130 CMR 502.000: MassHealth: The Eligibility Process. (101 CMR 613.04(2)). In order to be determined a Low Income Patient, an individual must be a Resident of the Commonwealth and document that the Modified Adjusted Gross Income of his or her MassHealth MAGI Household is equal to or less than 300% of the FPL. (Id.).

The record shows that as of the date MassHealth issued the notice under appeal, the appellant reported household income of 341.72% of the FPL. As the income limit for HSN is 300% of the FPL, the appellant is over the income limit for HSN. The appellant indicated that his income may have decreased, but did not submit any documentation at the hearing to verify this. The appellant also reported a spouse, which may change his household size depending on tax filing status and if the appellant lives with the spouse. MassHealth was made aware of the spouse at the hearing and can take any further steps necessary with regard to verification requests, in light of this information.

For the above reasons, the 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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Scott Bernard  
Hearing Officer  
Board of Hearings

cc: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104