

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2312846

**Decision Date:** 1/12/2024

**Hearing Date:** 01/08/2024

**Hearing Officer:** Stanley Kallianidis

**Appellant Representative:**

Pro Se

**MassHealth Representative:**

Nga Tran, Charlestown



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> Floor  
Quincy, Massachusetts 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	MassHealth Financial Eligibility; Aid Pending
<b>Decision Date:</b>	1/12/2024	<b>Hearing Date:</b>	01/08/2024
<b>MassHealth Rep.:</b>	Nga Tran	<b>Appellant Rep.:</b>	Pro Se
<b>Hearing Location:</b>	Charlestown MEC (remote)		

## 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 October 24, 2023, MassHealth terminated the appellant's MassHealth benefits effective November 30, 2023 due to excess income (Exhibit 1). On October 26, 2023, MassHealth again denied the appellant for MassHealth and also Health Safety Net due to excess income (Exhibit 2). The appellant filed this appeal in a timely manner on December 8, 2023 (see 130 CMR 610.015(B) and Exhibit 3). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

The appellant was not awarded aid pending benefits (see 130 CMR 610.036).

## Action Taken by MassHealth

MassHealth denied the appellant MassHealth and Health Safety Net benefits.

## Issue

Whether MassHealth was correct in determining that the appellant was ineligible for MassHealth, Health Safety Net or aid-pending benefits.

## Summary of Evidence

The MassHealth representative testified that appellant's renewal application was filed on October 24, 2023. The appellant is an adult female, and at the time of application, was a household size of one.

The MassHealth representative stated that the appellant had earnings of \$1,769.00 bi-weekly or \$3,833.00 monthly based upon her submitted weekly pay stub ( $\$1,769.00 \times 2.167$ ). The appellant's earnings put her at 315% of federal poverty level, making her ineligible for MassHealth which is 133% of the federal poverty level for adults and Health Safety Net which is 300% of the federal poverty level. There were no allowable income deductions other than the 5% federal poverty level standard deduction. The MassHealth representative also testified that the appellant was determined eligible for the Connector but was not certain if the member had enrolled or not.

The appellant did not dispute the gross income amount that was attributed to her, nor that she was currently ineligible for MassHealth benefits. The appellant testified that however, that she only recently enrolled in the Connector and that she needs coverage in December 2023 due to a medical bill incurred on December 8, 2023. She testified that she was unaware that her benefits were stopped when she went to her doctor, and it was unfair for MassHealth not to cover this bill. She stated that she did not receive the October 24, 2023 termination but did admit receiving the October 26, 2023 denial of benefits. Both notices were addressed to her current residence which was also her residence at the time the notices were sent (Exhibits 1 & 2).

## Findings of Fact

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

1. The appellant's application was filed on October 24, 2023. The appellant is an adult female, and at the time of application, was a household size of one (testimony).
2. The appellant had earnings of 1,769.00 bi-weekly or \$3,833.00 monthly based upon her submitted weekly pay stub ( $\$1,769.00 \times 2.167$ ) (testimony).
3. There were no allowable income deductions over than the 5% standard deduction.
4. A notice dated October 24, 2023, MassHealth terminated the appellant's MassHealth benefits (Exhibit 1). On October 26, 2023, MassHealth again denied the appellant for MassHealth and also Health Safety Net due to excess income (Exhibit 2).
5. Both notices were addressed to her current residence which was also her residence at the time the notices were sent (Exhibits 1 & 2).

## Analysis and Conclusions of Law

Pursuant to 130 CMR 506.007, the MassHealth agency constructs a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage.

I have found that the appellant was a household of one at the time of her MassHealth application. The adult income limit for MassHealth for a household of one is 133% of the federal poverty level (\$1,616.00) and for Health Safety Net it is 300% (\$3,645.00).

The appellant's modified adjusted gross income (MAGI) is determined by taking the countable income less deductions described in 130 CMR 506.003(D) (see 130 CMR 506.007).

(D) Deductions. The following are allowable deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes;
- and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law

I have found further that appellant has MAGI totaling \$3,833.00 as there were no allowable deductions.

506.007: Calculation of Financial Eligibility (A)(3): Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard. Applying the 5% standard deduction leaves the appellant with countable income of \$3,772.00.

Since the appellant's monthly income of \$3,772.00 was greater than the income limit for MassHealth and Health Safety Net, MassHealth correctly terminated and denied the appellant's application for being over the income limits.

With regard to the appellant's benefits continuing during the appeal process, 130 CMR 610.036(A) Continuation of Benefits Pending Appeal, states that: When the appealable action involves the reduction, suspension, termination, or restriction of assistance, such assistance will be continued until the BOH decides the appeal or, where applicable, the rehearing decision is rendered if the BOH receives the initial request for the fair hearing before the implementation date of the appealable action. If such appealable action was implemented before a timely request for a hearing, such assistance will be reinstated if the BOH receives the request for the fair hearing within ten days of the mailing of the notice of the appealable action. If the hearing officer's decision is averse to the appellant, the appealable action will be implemented immediately, except as provided in 130 CMR 610.091(D).

In this case, given the December 8, 2023 appeal date, the appellant did not appeal within ten days of her notice date or prior to the implementation date of November 30, 2023 to be eligible for aid-pending benefits. While the appellant claimed to have received the denial notice, but not the termination notice, both letters were sent to her then and current address. Therefore, by regulation, the appellant would not be entitled to her benefits continuing through the appeal process.

The appeal is therefore denied as both the MassHealth termination and denial of aid pending were correct.

## **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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Stanley Kallianidis  
Hearing Officer  
Board of Hearings

cc:

Charlestown MEC