

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|-----------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2313249 |
| Decision Date: | 01/25/2024 | Hearing Date: | 01/09/2024 |
| Hearing Officer: | Alexandra Shube | | |

Appearance for Appellant:

Via telephone:

Pro se

Appearance for MassHealth:

Via telephone:

Jada Newsome, Quincy 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

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|---------------------------|----------------------------|--------------------------|-------------------------------|
| Appeal Decision: | Denied | Issue: | Eligibility; Under 65; Income |
| Decision Date: | 01/25/2024 | Hearing Date: | 01/09/2024 |
| MassHealth's Rep.: | Jada Newsome | Appellant's Rep.: | Pro se |
| Hearing Location: | Quincy Harbor South Remote | 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 29, 2023, MassHealth notified the appellant that, due to a change in circumstances, her coverage would change from MassHealth Standard, ending on December 31, 2023, to Health Safety Net, starting November 19, 2023 (Exhibit 1). The appellant filed this appeal in a timely manner on December 17, 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 informed the appellant that her MassHealth Standard coverage would terminate on December 31, 2023 and her coverage would change to the Health Safety Net, beginning November 19, 2023.

Issue

The appeal issue is whether MassHealth was correct in terminating the appellant's MassHealth Standard benefits.

Summary of Evidence

The MassHealth representative and the appellant appeared at hearing telephonically. The MassHealth representative testified as follows: the appellant, who is an adult over the age of 21 and under the age of 65, has a household size of three which includes the appellant, and two of the appellant's three children. The appellant does not claim her third child, who is over the age of 19 and has their own MassHealth case. On November 29, 2023, the appellant completed a renewal, and MassHealth notified her that she was over the income limit to qualify for MassHealth Standard benefits. In the November 29, 2023 notice, MassHealth stated that the appellant has a household of three with monthly household gross income at 189.50% of the Federal Poverty Level (FPL), which is over the income limit to qualify for MassHealth Standard as a non-disabled adult. To qualify for MassHealth Standard as a non-disabled adult, the income limit is 133% of the FPL, which for a household of three is \$2,756 gross monthly. Since that notice, MassHealth has updated the appellant's income to reflect a gross monthly income of \$3,513.79, which is 164.61% of the FPL, still over the limit to qualify for MassHealth Standard. The appellant is eligible for a Connector Care plan through the Health Connector, and for the Health Safety Net. The Health Safety Net started on November 19, 2023. Her two younger children, who are under the age of 19, are eligible for MassHealth Family Assistance with a monthly premium. Her oldest child, who is over 19 and in their own household separate from the appellant, is eligible for a Connector Care plan through the Health Connector based on their own income.

The appellant testified that she has a lot of expenses, including a high mortgage, babysitters and daycare, electricity, and gas. She is a single mom without any other means of support. Her teenage son has severe depression, is not going to school frequently, and needs a lot of services which she cannot access with Family Assistance. None of the providers he has been working with accept Family Assistance. She wants to get her son a mentor, but the mentor does not accept Family Assistance. She really needs MassHealth Standard for her son.

The MassHealth representative stated that she was in touch with the appellant prior to hearing and has already sent her the Child Disability Supplement, which the appellant would need to fill out and submit to Disability Evaluation Services (DES). If DES determines that the son is disabled, he may qualify for MassHealth CommonHealth, which may provide more comprehensive coverage. But at this time, the household is over income to qualify for MassHealth Standard. The MassHealth representative also explained that due to protections in place during the Public Health Emergency, the appellant and her family remained on MassHealth Standard, despite being over the income limit. Once the Public Health Emergency ended, their information was updated and eligibility was re-evaluated, resulting in the determination on November 29, 2023.

Findings of Fact

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

1. The appellant is a non-disabled adult over the age of 21 and under the age of 65, with a household size of three (Testimony and Exhibits 1 and 4).
2. On November 29, 2023, MassHealth issued a notice informing the appellant that her MassHealth benefits would terminate on December 31, 2023 because she was over the income limit to qualify for MassHealth benefits (Testimony and Exhibit 1).
3. The household's most recently verified gross monthly income is \$3,513.79, which for a household of three is 164.61% of the Federal Poverty Level (Testimony and Exhibit 1).
4. The appellant did not dispute her income (Testimony).
5. To qualify for MassHealth benefits, the appellant's income would have to be at or below 133% of the Federal Poverty Level, or \$2,756 gross monthly for a household of three (Testimony).
6. On December 17, 2023, the appellant timely appealed the notice (Exhibit 2).
7. The appellant is eligible for a Connector Care plan through the Health Connector and Health Safety Net (Testimony).
8. The appellant's two children under the age of 19 were approved for MassHealth Family Assistance (Testimony).

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents,

¹ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

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 who

(a) work for small employers;

(b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;

(c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and

(d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;

(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

Categorically, as a parent of children under the age 19, the appellant is eligible for MassHealth Standard; however, under 130 CMR 505.002(C)(1), the income limit for that coverage type is 133% of the FPL. For a household of three, that limit is \$2,756 gross monthly income. The appellant's most recently verified gross monthly income is \$3,513.79, or 164.61% of the FPL. Based on this figure, she is over the income limit for MassHealth Standard benefits, and MassHealth's determination was correct.

Categorically, the appellant's two children under the age of 19 are eligible for MassHealth Standard and MassHealth Family Assistance; however, under 130 CMR 505.002(B)(2), the income limit for Standard is 150% of the FPL for a child aged one through eighteen and under 130 CMR 505.005(A)(1), the income limit for Family Assistance is greater than 150% and less than 300% of the FPL. For a household of three, 150% of the FPL is \$3,108 gross monthly income and 300% of the FPL is \$6,215 gross monthly income. The household income is above the limit for the children to qualify for MassHealth Standard, but within the limit for MassHealth Family Assistance.

For these reasons, MassHealth correctly determined that the appellant's two younger children qualify for MassHealth Family Assistance.²

² As explained at hearing, the appellant can submit the Child Disability Supplement to the Disability Evaluation

For these reasons, the MassHealth decision is correct, and the appeal is denied.³

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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

Services to determine if her son may qualify for more comprehensive benefits such as MassHealth CommonHealth. But that determination is outside the scope of this appeal.

³ The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765) or inquiries concerning Health Safety Net to 877-910-2100.