

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400041
Decision Date:	2/12/2024	Hearing Date:	02/01/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Sherri Paiva *via telephone*



*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:	Under 65/Eligibility/Income
Decision Date:	2/12/2024	Hearing Date:	02/01/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton MassHealth Enrollment Center	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 December 19, 2023, MassHealth determined the appellant did not qualify for MassHealth because his income was too high. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1, pp. 4-5). The appellant filed this appeal in a timely manner on January 2, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for MassHealth coverage because his income was too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007 and 502.003, in determining that the appellant did not qualify for MassHealth because his income was too high.

Summary of Evidence

The MassHealth representative testified that the appellant lives in a household of two consisting of the appellant and his spouse. The appellant is a citizen and is between the ages of 21 and 64. (Ex. 2). The MassHealth representative testified that the appellant does not have any reported income. The MassHealth representative stated that the spouse has gross monthly earned income of \$8,030.77. The MassHealth representative stated that prior to December 14, 2023, the appellant was receiving MassHealth as part of his Social Security case, and that the benefit ended when Social Security closed his case. (Ex. 2).

The MassHealth representative stated that the appellant (but not his spouse) subsequently applied for MassHealth over the telephone and identified himself as having a disability that was expected to last 12 or more months, as well as a person who had [REDACTED]. The MassHealth representative stated that MassHealth verified the appellant's income on December 19, 2023. The MassHealth representative stated that in order to be eligible for MassHealth Standard, the appellant's household income could not exceed 133% of the federal poverty level (FPL) for a household of two. The MassHealth representative stated that in order to be eligible for MassHealth Family Assistance, the appellant's gross monthly income could not exceed 200% of the FPL. The appellant's household income is 483.69% of the FPL. The appellant therefore did not qualify for any MassHealth program. MassHealth sent the appellant the notice under appeal informing the appellant of this on December 19, 2023. (Ex. 1).

The MassHealth representative stated that MassHealth systems indicated that the appellant reported a change in income on January 29, 2024, and this has resulted in him being determined eligible for a Connector Care plan.

The appellant confirmed that although he was not absolutely sure, the household income sounded correct. The appellant also confirmed receiving something in the mail that sounded like it might be the disability supplement, but he was not sure. The appellant stated that his wife had helped him fill it out and submit it. The appellant stated that he has been getting MassHealth since 2000. The appellant stated he was diagnosed with [REDACTED] received disability income through Social Security for several years. In 2018, Social Security stopped his benefits. The appellant stated that Social Security accused him of failing to report his marriage and spouse's income; and further the spouse's income exceeded the limit for the appellant to receive Social Security benefits. The appellant stated that he did report his marriage on his tax return every year. The appellant was confused, however, as to why MassHealth ended his benefits only in December 2023.

¹ The MassHealth representative stated that the MassHealth systems indicate that the appellant was sent a disability supplement for this reason. She said that as of the morning of the hearing there was no indication that the Disability Evaluation Service (DES) has made a determination concerning the appellant's disability. She later explained that if DES found the appellant was disabled, he would be eligible for MassHealth CommonHealth with a monthly premium.

The MassHealth representative explained that the appellant's previous MassHealth was through the Social Security Administration. She stated that she could not explain why Social Security maintained his MassHealth for several years, only deciding to close the appellant's MassHealth coverage in December.

Findings of Fact

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

1. The appellant has a household of two consisting of the appellant and his spouse. (Testimony of the MassHealth representative).
2. The appellant is a citizen and is between the ages of 21 and 64. (Ex. 2).
3. The appellant does not have any reported income. (Testimony of the MassHealth representative).
4. The appellant's spouse has gross monthly earned income of \$8,030.77. (Testimony of the MassHealth representative).
5. The appellant was receiving MassHealth as part of his Social Security, but this was closed by the Social Security Administration on December 14, 2023. (Testimony of the MassHealth representative; Ex. 2).
6. The appellant applied for MassHealth after December 14, 2023. (Testimony of the MassHealth representative).
7. After verifying that the appellant's household income placed him at 483.69% of the FPL, MassHealth determined that the appellant was over the income limit for MassHealth. (Ex. 1; Testimony of the MassHealth representative).

Analysis and Conclusions of Law

Children younger than eighteen, young adults ages 19-20, parents, caretaker relatives, people who are pregnant, disabled individuals, certain individuals with breast or cervical cancer, certain individuals who are HIV positive, independent foster-care adolescents, Department of Mental Health members, and medically frail individuals² are eligible for MassHealth Standard. (130 CMR

² These include an individual with a disabling mental disorder (including children with serious emotional disturbances and adults with serious mental illness); an individual with a chronic substance use disorder; an individual with a serious and complex medical condition; an individual with a physical, intellectual, or developmental disability that significantly impairs their / ability to perform one or more activities of daily living; or individual with a disability determination based on Social Security criteria. (See 130 CMR

505.002(A)(1)). Persons who receive Supplemental Security Income (SSI) benefits from the Social Security Administration (SSA); persons who receive Transitional Aid to Families with Dependent Children (TAFDC) cash assistance from the Department of Transitional Assistance (DTA); children, young adults, and parents and caretaker relatives who receive Emergency Aid to the Elderly, Disabled and Children (EAEDC) cash assistance; and persons who do not otherwise meet the requirements for MassHealth Standard, but who meet the AFDC rules that were in effect on July 16, 1996 are also eligible for MassHealth Standard. (130 CMR 505.002(A)(2)-(5)).

There is no evidence in the record that the appellant presently falls into any of these categories and therefore the appellant is not eligible for MassHealth Standard on that basis. The appellant credibly identified himself as a person who is disabled, and a person who is [REDACTED] however. There is not evidence in the record that the appellant is eligible on these categorical bases. The appellant noted that he is completing a disability supplement. The appellant may submit proof of [REDACTED] status to MassHealth at any time.

A disabled adult who is 21 through 64 years old is eligible for MassHealth Standard coverage if they are permanently and totally disabled as defined under Title XVI of the Social Security Act or under applicable state laws; a citizen; comply with the requirement to use potential health insurance benefits; and the modified adjusted gross income of the household is less than or equal to 133% of the FPL. (130 CMR 505.002(E)).

An individual who is [REDACTED] is eligible for MassHealth Standard coverage if the individual is younger than 65 years old; has verified their [REDACTED] status by providing a letter indicating the individual's name and their [REDACTED] status that is written by a doctor, a qualifying health clinic, a laboratory, or an [REDACTED] service provider or organization; is a citizen; is not otherwise eligible for MassHealth Standard; and has a household modified adjusted gross income that is less than or equal to 133% of the FPL. (130 CMR 505.002(G)).

[REDACTED] individuals who are citizens may alternatively be eligible for MassHealth Family Assistance if they are not otherwise eligible for MassHealth Standard, but only if their household's modified adjusted gross income is greater than 133 and less than or equal to 200% of the FPL. (130 CMR 505.005(A)(4)).

The record shows that even if the appellant were to meet the categorical requirements for both MassHealth Standard and Family Assistance, he does not meet the financial eligibility requirements. The appellant's household's modified adjusted gross income is 483.69% of the FPL. This is well above the income standards for Standard and Family Assistance.

For that reason, the appeal is DENIED.

505.008(F)).

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780