

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400232
Decision Date:	3/27/2024	Hearing Date:	01/29/2024
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherri Paiva, Taunton 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

Appeal Decision:	Denied	Issue:	Eligibility; Under 65; Income
Decision Date:	3/27/2024	Hearing Date:	01/29/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	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

On 12/15/23, MassHealth notified Appellant that she did not qualify for MassHealth benefits because her income exceeded program limits. See Exh. 1. Appellant filed this appeal in a timely manner on 1/5/24. 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 determined that Appellant was ineligible for MassHealth benefits because her income exceeded the program limit.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant did not qualify for MassHealth benefits because her income exceeded the program limit.

Summary of Evidence

A MassHealth eligibility representative testified at the hearing and provided the following background information: Appellant is between the ages of 21 and 64 and lives in a household size of one (1). In August of 2022, Appellant was enrolled in MassHealth Standard. Her initial approval letter indicated that she was reported as disabled and that she would be subject to a disability review in one-year. At the time of enrollment, her income was under 133% of the federal poverty level (FPL). Based on disability status and income, she was eligible for Standard. In May of 2023, MassHealth notified Appellant that she needed to complete a disability review and have it sent to MassHealth by a certain date. MassHealth did not receive the disability review within the designated time period causing removal of her disability status from her case. Using the income on file, MassHealth issued a notice dated 8/4/23 indicating that because there was no verification of disability, Appellant's coverage would be downgraded from Standard to the next best coverage-type, which was CarePlus. The notice also indicated that Appellant needed to provide verification of her address and updated income by 11/15/23 to ensure continued coverage. MassHealth did not receive the updated eligibility information by the requested deadline. Accordingly, on 12/5/23, MassHealth notified Appellant that her CarePlus benefit would end on 12/19/23 based on failure to verify and an expired proof of income. The MassHealth representative reviewed the notices issued between August 2022 and 12/5/23 and testified that they were all sent to the same address that was listed on file at the time the notices were sent.

The MassHealth representative reviewed system notes, which showed that on 12/15/23, Appellant contacted MassHealth and provided updated income information and an updated address. The representative noted that this was the first time MassHealth had received information of a new address. The income information, which was electronically verified, showed that Appellant receives earned income of approximately \$1,300 bi-weekly or \$2,817.10 per-month. Accordingly, MassHealth issued a notice dated 12/15/23, which was mailed to Appellant's updated address, informing her that she did not qualify for MassHealth benefits because her income exceeded the program limit. See Exh. 1. Appellant filed a timely appeal of the 12/15/23 notice. See Exh. 2.

The representative explained that to be eligible for either Standard or CarePlus, an applicant's household income must not exceed 133% of the FPL. The income for a household size of one (1) at 133% of the FPL in 2023 is \$1,616 per month. Appellant's gross monthly income of \$2,817.10 places her at 226.86% of the FPL. Because Appellant's income exceeds the allowable limit, she does not qualify for MassHealth benefits. She is currently eligible for a Connector Care plan.

The MassHealth representative also noted that if MassHealth receives verification of disability, Appellant may qualify for MassHealth CommonHealth, which is intended for disabled individuals with income that exceeds the limit to qualify for MassHealth Standard. System notes showed that on 1/17/24, DES issued a notice confirming that they received Appellant's

disability supplement but that it was incomplete and requested additional information. Therefore, Appellant's DES supplement was still in "pending" status. Once the supplement is complete, DES will render a disability determination, which is needed for MassHealth to determine whether she qualifies for CommonHealth.

Appellant appeared at hearing and testified that she never received the prior requests for a disability review or verifications. Appellant testified that she moved over a year ago and that the notices dated 12/5/23 and earlier were sent to her old address. She received the 12/15/23 notice because it was sent to her updated correct address. Appellant did not provide testimony of having notified MassHealth before 12/15/23 of her new address.

Appellant did not dispute the accuracy of the income figures cited by MassHealth. She did, however, dispute MassHealth's use of gross income in determining eligibility indicating that it did not reflect the amount of income actually received by the individual. She explained that her most recent paystub shows she receives a bi-weekly net income of approximately \$1,200. Appellant disagreed with MassHealth's FPL income standards, stating that the figures failed to account for other necessary living expenses, such as rent, groceries, and utilities.

Appellant asserted that she must have health insurance as she is on diabetes medications that cost over \$3,000 per-month and has chronic health conditions. Prior to hearing, Appellant submitted a letter from her psychiatric registered nurse clinical specialist (Psychiatric R.N.), who has treated her for over 10 years. See Exh. 5. In the letter, Appellant's provider detailed Appellant's diagnoses, which included multiple mental health diagnoses that are treated with daily medications. Id. On this basis, the Psych. R.N. requested MassHealth reestablish Appellant's insurance benefits. Id.

Findings of Fact

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

1. Appellant is between the ages of 21 and 64 and lives in a household size of one (1).
2. As of the hearing date, Appellant did not have a verified disability on file with MassHealth.
3. On 12/5/23, MassHealth notified Appellant that her CarePlus benefit would end on 12/19/23 based on failure to verify eligibility factors and having an expired proof of income.
4. On 12/15/23, Appellant contacted MassHealth and provided updated income information and an updated address, which had not been previously reported.

5. The income information verified on 12/15/23 showed that Appellant receives earned income of approximately \$1,300 bi-weekly or \$2,817.10 per-month.
6. Appellant's gross monthly income of \$2,817.10 places her at 226.86% of the FPL.
7. Through a notice dated 12/15/23, MassHealth informed Appellant that she did not qualify for MassHealth benefits because her income exceeded the program limit.
8. Appellant appealed the 12/15/23 notice.
9. At hearing, Appellant did not dispute the income figures that MassHealth used in making its 12/15/23 eligibility determination.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined, pursuant to its 12/15/23 notice, that Appellant did not qualify for MassHealth benefits on the basis that her income exceeded program limits. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed 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, 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

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

(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.

See 130 CMR 505.001(A)

To establish eligibility for MassHealth, individuals must meet both categorical and financial requirements. As of the hearing date, the only coverage type that Appellant is categorically eligible for is MassHealth CarePlus.² To be financially eligible for MassHealth CarePlus, individuals must have a household income that is less than or equal to 133% of the FPL. See 130 CMR 505.008. For a household size of one (1), that limit is \$1,616 per-month. See 2023 MassHealth Income Standards & Federal Poverty Guidelines.³ This figure was subsequently updated to \$1,670 to reflect the 2024 income standards. See 2024 MassHealth Income Standards & Federal Poverty Guidelines. On 12/15/23, Appellant provided MassHealth with updated income information, which verified that she earns approximately \$1,300 bi-weekly or \$2,817.10 per-month. This amount exceeds the limit to qualify for CarePlus. These figures exceed the allowable amount to qualify for CarePlus. See 130 CMR 505.008. Absent evidence showing that Appellant has countable income less than or equal to the regulatory income standard, she did not demonstrate that she is currently eligible for any of the MassHealth coverage types listed above. See 130 CMR 505.001(A). MassHealth did not err in its 12/15/23 eligibility determination.

For these reasons, this appeal is DENIED.

It is further noted that in disputing the 12/15/23 notice, Appellant took issue with MassHealth's regulatory income standards and limits, including its use of gross income (as opposed to net income) to determine eligibility. These arguments amount to challenges to the legality of the applicable law and cannot be adjudicated in this hearing decision. Appellant may, however, raise such arguments on judicial review in accordance with M.G.L. c. 30A.⁴

² As discussed at hearing, Appellant had not provided MassHealth with verification of disability. Although an Adult Disability Supplement was "pending" before Disability Evaluation Services (DES), there was no evidence that a disability determination had been rendered as of the hearing date. For these reasons, Appellant was not categorically eligible for MassHealth Standard or CommonHealth. Because Appellant is not eligible for MassHealth Standard and is between the ages of 21-65, the most comprehensive coverage type she would be *categorically* eligible for is CarePlus. Additionally, there is no evidence that Appellant would be categorically eligible for coverage types (4) through (7).

³ The income limits used for this decision are based on the 2023 income standards, which were in effect at the time MassHealth rendered the 12/15/23 eligibility determination. This source is publicly available at: <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

⁴ MassHealth Fair Hearing Rules at 130 CMR 610.082(C)(2) state that:

The hearing officer must not render a decision regarding the legality of federal or state law

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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

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

including, but not limited to, the MassHealth regulations. If the legality of such law or regulations is raised by the appellant, the hearing officer must render a decision based on the applicable law or regulation as interpreted by the MassHealth agency. Such decision must include a statement that the hearing officer cannot rule on the legality of such law or regulation and must be subject to judicial review in accordance with 130 CMR 610.092.