

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400910
Decision Date:	04/09/2024	Hearing Date:	02/23/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Steven Prattico, Springfield MEC

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

Appeal Decision:	Denied	Issue:	Eligibility; Over Income; Under 65
Decision Date:	04/09/2024	Hearing Date:	02/23/2024
MassHealth's Rep.:	Steven Prattico	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 January 18, 2024, MassHealth denied appellant's health coverage because she was over income. (Ex 1). The appellant filed this appeal in a timely manner on January 18, 2024. (Ex. 2). MassHealth's determination regarding scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in finding appellant does not qualify for MassHealth due to being over income.

Summary of Evidence

Appellant, acting pro se, the MassHealth worker (worker) and the interpreter all appeared via telephone at hearing and were sworn. Exhibits 1-4 were marked as evidence. Appellant is under

age 65, lives in a four-person household and is not disabled. (Ex. 4; Testimony). On January 16, 2024, the appellant completed a phone application for MassHealth benefits. On January 18, 2024, MassHealth issued a notice denying the appellant's application due to the appellant exceeding the income limits. (Testimony; Ex. 1). The appellant filed a timely notice of appeal on January 18, 2024. (Ex. 2). The appellant's household total gross monthly income is \$4,983.80 from employment. (Testimony). The income limit for MassHealth Standard under the 2023 Federal Guidelines is 133% of the federal poverty level, or \$3,325.00 a month for a household of four.¹

Findings of Fact

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

1. Appellant is under age 65, lives in a four-person household and is not disabled. (Ex. 4; Testimony).
2. On January 16, 2024, the appellant completed a phone application for MassHealth benefits. On January 18, 2024, MassHealth issued a notice denying the appellant's application due to the appellant exceeding the income limits. (Testimony; Ex. 1.)
3. The appellant filed a timely notice of appeal on January 18, 2024. (Ex. 2).
4. The appellant's household total gross monthly income is \$4,983.80 from employment. (Testimony).
5. The income limit for MassHealth Standard under the 2023 Federal Guidelines is 133% of the federal poverty level, or \$3,325.00 a month for a household of four.

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

505.002: MassHealth Standard

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less

¹ The income limit for MassHealth Standard under the 2024 Federal Guidelines, which went into effect on March 1, 2024, is 133% of the federal poverty level, or \$3,458.00 a month, for a household of four. The appellant's countable monthly income exceeds this amount.

than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and

(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care in the case of a parent who is separated or divorced, has custody of their children, or have children who are absent from home to attend school; or

2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care, if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

(1) educator expenses;

(2) reservist/performance artist/fee-based government official expenses;

(3) health savings account;

(4) moving expenses, for the amount and populations allowed under federal law;

(5) one-half 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. (130 CMR 506.003(D)).

Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. 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.

Here, the appellant does not dispute that she resides in a household of four. The monthly income

is \$4,983.80. Pursuant to 130 CMR 506.007(A), 5 percentage points of the current FPL is deducted to determine countable income. For a household of four, 5 percentage points of the current FPL equals \$166.00 (rounded). Accordingly, the monthly countable income is \$4,817.00. The income limit for MassHealth Standard under the 2023 Federal Guidelines is 133% of the federal poverty level, or \$3,325.00 a month for a household of four. The appellant's countable monthly income exceeds this amount and therefore, she is not financially eligible for MassHealth Standard. MassHealth's action is upheld and the appeal is denied.

The appellant can direct any questions about the Health Safety Net to 877-910-2100.

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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186.