

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401782
Decision Date:	04/16/2024	Hearing Date:	03/06/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Yadira Ramos

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 – Under 65 Years of Age (HCR)
Decision Date:	04/16/2024	Hearing Date:	03/06/2024
MassHealth's Rep.:	Yadira Ramos	Appellant's Rep.:	Pro se
Hearing Location:	Springfield 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 01/24/2024, MassHealth informed the appellant that it planned to terminate his MassHealth Limited benefits on 02/07/2024 because his income exceeds the guidelines for that program (130 CMR 505.002-.009, 506.001-004; Exhibit 1). The appellant filed a timely appeal on 02/01/2024 (130 CMR 610.015(B) and Exhibit 2). Termination of benefits is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth Limited benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth Limited benefits.

Summary of Evidence

Both the MassHealth representative and the appellant attended the fair hearing telephonically. Exhibits 1 – 3 were marked and admitted into evidence.

The MassHealth representative testified that on 01/24/2024, MassHealth received a completed eligibility renewal form from the appellant, a man who is between the ages of 19 and 64 years. The appellant was previously eligible for and receiving MassHealth Limited benefits.¹

The representative testified that the appellant verified with MassHealth that he is a member of a household of two people, and he has gross monthly income of \$4,027.00. The income limit for an adult to be eligible for MassHealth Limited is 133% of the federal poverty level (FPL). For a household of two, 133% of the FPL is \$2,266.00 as of 03/2024. The appellant's income exceeds the guidelines for MassHealth Limited benefits. As a result, he is no longer eligible for MassHealth Limited benefits and he was referred to the Health Connector for health insurance.

The appellant testified with the assistance of a Spanish language interpreter. He testified that he is only challenging his own eligibility, not his child's. He told the hearing officer that he makes about \$600.00 per week from employment.

Findings of Fact

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

1. The appellant is between the ages of 19 and 64 (Testimony).
2. The appellant is member of a household of two people (Testimony).
3. The appellant previously was determined to be eligible for MassHealth Limited benefits (Testimony).
4. On 01/24/2024, MassHealth received from the appellant an eligibility review application (Testimony).
5. The appellant has verified gross monthly income of \$4,027.00 from employment (Testimony).
6. 133% of the federal poverty level for a household of two people is \$2,266.00 (03/2024).
7. On 01/24/2024, MassHealth informed the appellant that it planned to terminate his MassHealth

¹ See 130 CMR 504.006.

Limited benefits on 02/07/2024 because his family's income exceeds the guidelines for him to be eligible for MassHealth Limited benefits (Exhibit 1).

8. MassHealth informed the appellant that he is eligible for a Health Connector plan. He would need to call the Health Connector to enroll (Testimony; Exhibit 1).
9. MassHealth also informed the appellant that he is eligible for Health Safety Net (Testimony; Exhibit 1).
10. The appellant filed a timely appeal on 02/01/2024 (Exhibit 2).
11. A fair hearing was held on 03/06/2024. The appellant appeared telephonically, as did the MassHealth representative (Exhibit 3).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) ***MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants;*** and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) for certain Medicare beneficiaries.

Regulations at 130 CMR 505.006 address MassHealth Limited eligibility for parents of children under 19 years of age, as follows:

- (A) Overview. 130 CMR 505.006 contains the categorical requirements and financial standards for MassHealth Limited coverage for children, young adults, and adults 21 through

64 years old who are parents, caretakers, adults, and disabled adults.

(B) Eligibility Requirements.

(1) **MassHealth Limited is available** to the following:

- (a) other noncitizens as described in 130 CMR 504.003(D): Other Noncitizens who are
 - 1. children younger than one year old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 200% of the federal poverty level (FPL);
 - 2. children one through 18 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
 - 3. young adults 19 through 20 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150 % of the FPL;
 - 4. **adults 21 through 64 years old who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL;** and
 - 5. disabled adults 21 through 64 years old with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133% of the FPL

(Emphasis added.)

The appellant submitted an eligibility review application to MassHealth on 01/24/2024. MassHealth counted the family as a household of two for the purposes of MassHealth eligibility. In doing so, MassHealth compared the household's gross monthly income of \$4,027.00 to 133% of the federal poverty level (FPL) for a household of two, \$2,266.00. Because the appellant's income exceeds 133% of the FPL, MassHealth determined that the appellant is no longer eligible for MassHealth Limited benefits. He was determined to be eligible for a Health Connector plan and Health Safety Net.

The appellant advanced no material dispute to MassHealth's calculations. He did not dispute his family size, his income, or his immigration status. Instead, he disputed MassHealth's conclusion that he is no longer eligible for MassHealth Limited benefits.

The above regulations support MassHealth's eligibility determination. MassHealth's determination that the appellant's income exceeds the limits for him to receive MassHealth Limited benefits is supported by the facts in the hearing record and the above regulations. This appeal is therefore denied.

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. Additionally, if his income or household size changes, he should contact MassHealth for a new determination of benefits.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104