

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2401793
<b>Decision Date:</b>	4/29/2024	<b>Hearing Date:</b>	03/06/2024
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearances for Appellant:**



**Appearance for MassHealth:**

John Prout



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility – Under 65 Years of Age
<b>Decision Date:</b>	4/29/2024	<b>Hearing Date:</b>	03/06/2024
<b>MassHealth's Rep.:</b>	John Prout	<b>Appellant's Rep.:</b>	Pro se with Wife
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	Yes

### 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 01/20/2024, MassHealth informed the appellant that it decided he was no longer eligible for MassHealth benefits because the family has more countable income than MassHealth benefits allow. MassHealth informed the appellant that he was eligible for Health Safety Net and a Health Connector Plan (see 130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). The appellant filed this appeal in a timely manner on 02/05/2024 and the family continues to receive benefits pending the outcome of this appeal (see 130 CMR 610.015(B) and Exhibit 2). A change in the level of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth plans to terminate the appellant's MassHealth benefits because his household's income exceeds the program limits.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits because his income exceeds the program limits.

## **Summary of Evidence**

Exhibits 1-3 were admitted into evidence. The appellant and his wife appeared in person. The MassHealth representative appeared virtually.

The MassHealth representative testified that the appellant is under 65 years of age and he lives in the community with his wife and five children. The appellant was previously determined to be eligible for MassHealth Standard benefits, having been determined to be categorically eligible by having a child under 19 in the home, and financially eligible with the family's countable income being below 150% of the federal poverty level for a household of 7 people.

In 2023, an eligibility review form was sent to the appellant with instructions for him to complete it and send it back to MassHealth. The review form was not returned to MassHealth and on 01/20/2024, MassHealth used matching sources to determine the household's income exceeds the guidelines for the appellant to be eligible for MassHealth Standard benefits. The instant notice was issued and MassHealth planned to terminate his MassHealth Standard benefits on 01/10/2024 because the household income exceeded the guidelines. A determination was made that the appellant was eligible for Health Safety Net and he was also referred to the Health Connector.

The MassHealth representative testified that the appellant contacted MassHealth after the 01/20/2024 letter was sent. He verified that he and his wife are a household of two people. The children are all adult, over 19 years of age and they are no longer claimed as dependents by the appellant. MassHealth sent out a request to verify income to determine the appellant's eligibility. On 02/26/2024, the appellant's income was verified. The appellant verified that he and his wife have a combined gross monthly income of \$2,469.00. 133% of the Federal Poverty Level (FPL) for a household of two people is \$2,266.00. MassHealth concluded that because the appellant's income exceeds 133% of the FPL. He is eligible for a Health Connector plan and for Health Safety Net; however, he is not eligible for MassHealth benefits.

The appellant and his wife appeared at the fair hearing in person. They confirmed that they are a household of two people and that the adult children are no longer claimed as dependents on their taxes. They also confirmed their gross monthly income to be \$1,140.00 every two weeks.

## **Findings of Fact**

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

1. Appellant is under 65 years of age and lives in the community with his wife. For the purposes of MassHealth eligibility, the appellant is a member of a household of two (Testimony).
2. Appellant and his wife's combined gross monthly income is \$1,140.00 every two weeks, or \$2,469.00 per month (Testimony).
3. 133% of the federal poverty level for a household of two is \$2,266.00 as of 03/2024.
4. On 01/20/2024, MassHealth informed the appellant that it decided he was not eligible for MassHealth benefits because he had more countable income than MassHealth benefits allow (Exhibit 1; Testimony).
5. Through the 01/20/2024 notice, MassHealth informed the appellant that he is eligible for Health Safety Net and a Health Connector plan (Exhibit 1; Testimony).
6. The appellant filed this appeal in a timely manner on 02/05/2024 (Exhibit 2).
7. The appellant continues to receive MassHealth Standard benefits pending the outcome of this appeal.
8. A fair hearing was held on 03/06/2024. The MassHealth representative appeared virtually and the appellant appeared in person with his wife (Exhibit 3).
9. After the 01/20/2024 notice was issued, MassHealth received information from the appellant that he and his wife no longer count their children as tax dependents (Testimony).
10. 133 percent of the FPL for a household of two is \$2,266.00 per month (03/2024).

## **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 505.008 address MassHealth CarePlus, as follows:

(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): MassHealth CarePlus and 130 CMR 508.000: MassHealth: Managed Care Requirements and must meet the following conditions.

(a) The individual is an adult 21 through 64 years old.

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

(c) ***The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.***

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

***(Emphasis added.)***

MassHealth determined that the appellant is no longer eligible for MassHealth benefits because the income household's income exceeds the guidelines for that benefit. MassHealth determined that the appellant's and his wife's combined gross monthly income from employment is \$2,469.00. They are counted as household of two people. In order to be income-eligible for MassHealth CarePlus benefits, the family's gross monthly income cannot be more than 133% of the FPL, or \$2,266.00. The appellant did not dispute the household's income. Nor did he dispute that his adult children are no longer claimed as his tax dependents. Therefore, MassHealth's determination that the appellant is a member of a household of two, with gross monthly income of \$2,469.00 is accurate. Accordingly, he has presented no information to show MassHealth's decision to downgrade his benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing

record, as well as the relevant regulations. This appeal is therefore denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Health Connector questions can be addressed by calling 1-877-623-6765. Additionally, if the appellant's income or household size changes, he should contact MassHealth for a new determination of benefits.

## **Order for MassHealth**

Release aid pending.

## **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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc:

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