

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402532
Decision Date:	5/6/2024	Hearing Date:	03/29/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Yadira Ramos, 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:	Over Income; Under 65
Decision Date:	5/6/2024	Hearing Date:	03/29/2024
MassHealth's Rep.:	Yadira Ramos	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 February 16, 2024, MassHealth denied appellant's health coverage because she was over income. (Ex 1). The appellant filed this appeal in a timely manner on February 16, 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 health care benefits.

Issue

The appeal issue is whether MassHealth was correct in changing appellant's coverage due to being over income.

Summary of Evidence

Appellant, interpreter and the MassHealth worker (worker) appeared by phone and all were sworn. Appellant completed a renewal application for MassHealth coverage on January 31, 2024.

(Testimony). Appellant's income is \$2,700.00 a month from Social Security. MassHealth verified income electronically and appellant did not dispute this amount. (Testimony). Appellant is a household of 1 and under the age of [REDACTED]. (Testimony; Ex. 4). MassHealth could not verify appellant was disabled. (Testimony). 133% of the federal poverty level is \$1,616.00 a month for a household of one. (130 CMR 505.008 (A)); 2023 MassHealth Income Standards and Federal Poverty Guidelines).¹ Appellant is eligible for the Health Connector. (Testimony).

Appellant stated she mailed in a disability form for review to the Disability Evaluation Service a week before the hearing.

Findings of Fact

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

1. Appellant completed a renewal application for MassHealth coverage on January 31, 2024. (Testimony).
2. Appellant's income is \$2,700.00 a month from Social Security. MassHealth verified income electronically and appellant did not dispute this amount. (Testimony).
3. Appellant is a household of 1 and under the age of [REDACTED]. (Testimony; Ex. 4).
4. MassHealth could not verify appellant was disabled. (Testimony).
5. 133% of the federal poverty level is \$1,616.00 a month for a household of one. (130 CMR 505.008 (A)); 2023 MassHealth Income Standards and Federal Poverty Guidelines). Appellant is eligible for the Health Connector. (Testimony).

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

(A) Overview.

- (1) 130 CMR 505.002 contains the categorical requirements and financial standards for MassHealth Standard serving children, young adults, parents, caretaker relatives,

¹ Under the 2024 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level is \$1,670. Appellant is still over the limit.

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 as such term is defined in 130 CMR 505.008(F).

(2) Persons who receive Supplemental Security Income (SSI) benefits from the Social Security Administration (SSA) are eligible for MassHealth Standard. (emphasis added).

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.

The appellant lives in a one-person household and has total gross monthly income of \$2,700.00. (Divide \$2,700.00 by 4 equals \$675.00 per week. Multiply that by 4.333 equals \$2,924.00 a month). Five percentage points of the current federal poverty level for a family of one is \$81.00 and thus the appellant's countable income is \$2,843.00, (\$2924 - \$81). The income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$1,616.00 a month for a household of one. The appellant's income exceeds this amount and thus she is not financially eligible for MassHealth CarePlus. MassHealth's action is upheld and the appeal is denied.

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