

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403306
Decision Date:	5/29/2024	Hearing Date:	04/11/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Sherri Paiva (Taunton MEC) *via telephone*



*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:	5/29/2024	Hearing Date:	04/11/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton 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 February 21, 2024, MassHealth terminated the appellant's MassHealth Family Assistance benefit because MassHealth determined that the appellant's income exceeds the limit for this program. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on March 4, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for MassHealth Family Assistance because her income was too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007 and 505.005, in determining that the appellant is not eligible for MassHealth because her income exceeds the limit for MassHealth Family Assistance.

Summary of Evidence

The MassHealth representative testified to the following. The appellant lives in a household of two consisting of herself and her daughter, who is [REDACTED] years old. (Testimony). The appellant is under 65 years old. (Testimony; Ex. 3). The appellant is [REDACTED] (Testimony). The appellant is a tax filer, who claims her daughter as a dependent. (Testimony).

On February 21, 2024, the appellant reported a change in her income to MassHealth. (Testimony). The appellant reported that she earns \$1,813.96 every two weeks, making her gross monthly income (GMI) \$3,929.94. (Testimony). The household's income was equivalent to 225.17% of the federal poverty level (FPL). (Testimony; Ex. 1). The appellant also reported that she has a disability. (Testimony).

Based on the income she reported, the appellant was no longer eligible for MassHealth Family Assistance for individuals who are [REDACTED] (Testimony; Ex. 3). The appellant began receiving this coverage on November 11, 2023, and it continued through January 31, 2024. (Testimony; Ex. 3). In order to be eligible for this coverage, an individual's income cannot exceed 200% of the FPL. (Testimony). The appellant also had MassHealth Standard [REDACTED] coverage from November 16, 2018 through December 5, 2023. (Testimony; Ex. 3).

The appellant was determined to be eligible for a ConnectorCare plan and HSN Partial. (Testimony; Ex. 1; Ex. 3). Since the appellant reported that her employer offers health insurance, she was not eligible for a subsidized plan through the Connector. (Testimony; Ex. 3). The appellant's daughter does not have any reported income. (Testimony).

Because the appellant reported that she was disabled, MassHealth sent her an Adult Disability Supplement on February 27, 2024. (Testimony). The MassHealth representative stated that as of the hearing date, DES had not notified MassHealth that it had completed a disability determination for the appellant. (Testimony).

On March 21, 2024 the appellant contacted the MassHealth representative, and they discussed her eligibility. (Testimony). They reviewed the appellant's [REDACTED] which MassHealth already had on file. (Testimony). The appellant reported that her GMI had decreased to \$3,730.85, which meant that her income was equal to about 214% of the FPL. (Testimony). The MassHealth representative explained to the appellant that since her income still exceeded 200%, she continued to be over the income limit for her Family Assistance coverage. (Testimony).

The appellant confirmed that the MassHealth representative accurately described her current income. (Testimony). The appellant stated that she still did not understand why MassHealth said she has too much income. (Testimony). The appellant said that although she receives over \$3,000 per month, that is not what she receives. (Testimony). The appellant has to pay rent and food out of this. (Testimony). The appellant was also upset because she has not been able to pay for her medications since she lost her MassHealth benefits. (Testimony). The appellant did indicate that

she submitted the disability supplement but was waiting for the evaluation to be made. (Testimony).

Findings of Fact

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

1. The appellant lives in a household of two consisting of herself and her daughter, who is [REDACTED] years old. (Testimony).
2. The appellant is under 65 years old. (Testimony; Ex. 3).
3. The appellant is [REDACTED] (Testimony).
4. The appellant received MassHealth Standard as an individual [REDACTED] from November 16, 2018 through December 5, 2023 and Family Assistance as an individual [REDACTED] from November 11, 2023 through January 31, 2024. (Testimony; Ex. 3).
5. The appellant is a tax filer, who claims her daughter as a dependent. (Testimony).
6. On February 21, 2024, the appellant reported a change in her income to MassHealth. (Testimony).
7. The appellant reported that she earns \$1,813.96 every two weeks, making her gross monthly income GMI \$3,929.94. (Testimony).
8. The household's income was equivalent to 225.17% of the federal poverty level (FPL). (Testimony; Ex. 1).
9. The appellant reported that she has a disability. (Testimony).
10. The appellant was determined to be eligible for a ConnectorCare plan and HSN Partial. (Testimony; Ex. 1; Ex. 3).
11. Since the appellant reported that her employer offers health insurance, she was not eligible for a subsidized plan through the Connector. (Testimony; Ex. 3).
12. The appellant has completed and submitted an Adult Disability Supplement, but DES has not yet made a disability evaluation. (Testimony).
13. On March 21, 2024 the appellant reported that her GMI had decreased to \$3,730.85, which meant that her income was equal to about 214% of the FPL. (Testimony).

Analysis and Conclusions of Law

The appellant has categorical eligibility for MassHealth Standard and Family Assistance as an individual who is [REDACTED] and the record shows that she received both of these coverages within a year prior to notice under appeal. (130 CMR 505.002(G); 505.005(E)). An individual is income eligible for MassHealth Standard for individuals who are [REDACTED] if the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL). (130 CMR 505.002((G)(3)). An individual is income eligible for MassHealth Family Assistance for individuals who are [REDACTED] if the household modified adjusted gross income is greater than 133 and less than or equal to 200% of the FPL. (See 130 CMR 505.005(E)(1)(c)).

Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules is determined by comparing the sum of all countable income less deductions for the individual's household with the applicable income standard for the specific coverage type. (130 CMR 506.006(A)). MassHealth will construct a household for each individual who is applying for or renewing coverage; different households may exist within a single family, depending on the family members' familial and tax relationships to each other. (130 CMR 506.007(A)(1)).

Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual's household. The income of all the household members forms the basis for establishing an individual's eligibility. (130 CMR 506.007(A)(2)). A household's countable income is the sum of the gross income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return. (130 CMR 506.007(A)(2)(a)). Countable income includes earned income (described below) and unearned income (not applicable in this appeal) less deductions¹. (130 CMR 506.007(A)(2)(b)). Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. (130 CMR 506.003(A)(1)). Earned income may include wages, salaries, tips, commissions, and bonuses. (Id.).

In determining monthly income, the MassHealth agency multiplies average weekly income by

¹ Neither the MassHealth representative nor the appellant stated that any deductions were applicable here but they are described in 130 CMR 506.003(D) and are as follows: student loan interest; educator expenses; reservist/performance artist/fee-based government official expenses; health savings account; moving expenses, for the amount and populations allowed under federal law; one-half self-employment tax; self-employment retirement account; penalty on early withdrawal of savings; alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018 (those finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible); individual retirement account (IRA); scholarships, awards, or fellowships used solely for educational purposes; student loan interest; and 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.

4.333. ((130 CMR 506.007(A)(2)(c)). Once MassHealth determines a household's countable income, it then determines what percentage of the federal poverty level that income is and subtracts five percentage points from that number. (130 CMR 506.007(A)(3)). This adjusted income is then compared to the federal poverty level to determine the individual's eligibility. (Id.).

The record shows that as of the date of the hearing the appellant is not eligible for MassHealth. On February 21, 2024, the appellant reported that she earned \$1,813.96 every two weeks, making her GMI \$3,929.94. This placed the appellant's income at 230.17 % of the FPL but after subtracting 5% from this amount, the household's countable income was equivalent to 225.17% of the federal poverty level (FPL). On March 21, 2024, the appellant reported that her monthly income had decreased to \$3,730.85, which meant that her income was equal to about 214% of the FPL after adjustment.

The appellant's income was determined to be in excess of 200% of the FPL on two separate occasions in February and March 2024. This places her income well above the income limits for the MassHealth coverages that she has received within the year prior to her appeal. The appellant is eligible for some type of ConnectorCare and may be eligible for other MassHealth coverage if she is determined to be disabled by DES. However, the appellant is not eligible for MassHealth at this time.

For the above stated reasons, the appeal is DENIED.

The 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.

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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