

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2403505
<b>Decision Date:</b>	6/5/2024	<b>Hearing Date:</b>	04/11/2024
<b>Hearing Officer:</b>	Casey Groff, Esq.		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Maribel Sepulveda, Springfield MEC



*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; Income
<b>Decision Date:</b>	6/5/2024	<b>Hearing Date:</b>	04/11/2024
<b>MassHealth's Rep.:</b>	Maribel Sepulveda	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Board of Hearings (Virtual Video Conf.)	<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 two notices dated 02/23/2024 MassHealth determined that Appellant and her minor son were no longer eligible for MassHealth Standard due to income that exceeded program limits; and on this basis, sought to downgrade Appellant's coverage to Health Safety Net (HSN) and her son's coverage to Children's Medical Security Plan (CMSP). See Exhs. 1 and 2. Appellant filed timely appeals of the notices on 03/07/2024. See 130 CMR 610.015(B) and Exhibit 3-4. Denial and/or reduction of assistance is valid grounds for appeal. See 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth informed Appellant that her and her son's Standard coverage would end on 3/31/24 because their household income exceeded program limits.

### Issue

The appeal issue is whether MassHealth correctly determined that Appellant's household income exceeded program limits, and, on this basis, correctly sought to end her and her son's coverage.

### Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified as follows: Appellant and her minor son are in a household size of two (2). On 5/4/2020, both Appellant and her son became eligible for MassHealth Standard based on Appellant's reported income of \$0. Their benefit remained protected throughout the federal public health emergency (PHE). On 1/9/24, MassHealth notified Appellant that she had to submit a renewal application by 2/23/24. On 2/23/24, MassHealth received renewal information from Appellant indicating that she receives gross total income of \$5,670 per-month, placing her and her son at 340.09% of the federal poverty level (FPL). To be eligible for MassHealth, the individual's household income must be at or below 133% of the FPL. The income for a household size of two (2) at 133% of the FPL is \$2,266. As Appellant's verified household income exceeds this amount, MassHealth notified her, through notices dated 02/23/2024, that she and her son no longer qualified for Standard and that their benefits would end on 3/31/24. See Exhs. 1-2. The notices informed Appellant that her coverage would be downgraded to health safety net (HSN) and that her son's coverage would change to the Children's Medical Security Plan (CMSP). Id. The MassHealth representative explained that Appellant and her son are also eligible to enroll in a plan through the Health Connector.

Appellant appeared at the hearing and testified that the \$5,670 income figure is the gross monthly amount she receives from her pension. After taxes and deductions, only \$5,051.69 of that amount is deposited into her account. She then has to deduct standard living expenses, including a mortgage payment of \$2,191.52 per-month, representing approximately 50% of her income, as well as utility expenses. Prior to hearing, Appellant submitted copies of payments made showing her monthly mortgage amount, and a \$223.78 utility payment to [REDACTED] in February 2024. See Exh. 6.

Appellant further testified that she is a single mother on a fixed income and is caring for a disabled child with a rare disease. Her son has Generalized Arterial Calcification of Infancy (GACI) which results in medical complications, and he sees numerous specialists. She does not have enough income to pay a monthly premium or additional medical expenses.

In response, the MassHealth representative, informed Appellant that she can submit a disability evaluation services (DES) supplement on behalf of her son, which will prompt MassHealth to render a disability determination. If Appellant's son is deemed disabled, either through MassHealth DES or Social Security, he may be eligible for MassHealth CommonHealth with a monthly premium based on household income. Appellant indicated she would pursue the DES Supplement.

## Findings of Fact

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

1. Appellant and her minor son are in a household size of two (2).
2. On 5/4/2020, both Appellant and her son became eligible for MassHealth Standard based on Appellant's reported income of \$0.
3. On 2/23/24, MassHealth received information from Appellant indicating that she receives gross total unearned income of \$5,670 per-month, placing her and her son at 340.09% of the FPL.
4. Through two notices dated 02/23/2024, MassHealth informed Appellant she and her son no longer qualified for Standard and that their benefits would end on 3/31/24.
5. As of the hearing date, neither Appellant nor her son had a verified disability on file with MassHealth.

## Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant and her son were no longer eligible for MassHealth benefits because their gross household income exceeded program limits. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,<sup>1</sup> disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults ■ through ■ years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged ■ and ■.

(5) Small Business Employee Premium Assistance for adults or young adults ....

(6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: Immigrants; and

(7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

See 130 CMR 505.001(A)

To establish eligibility for MassHealth, applicants must meet both categorical and financial requirements. The only coverage-types Appellant is categorically eligible for is MassHealth Standard or CarePlus. The only coverage-types Appellant's son is categorically eligible, as he did not have a verified disability as of the date of hearing, is Standard or Family Assistance. To be financially eligible for MassHealth Standard or CarePlus, individuals under the age of ■ must have a household income less than or equal to 133% of the FPL. See 130 CMR 505.002. For a household size of two (2) that limit is \$2,266 per-month. See 2024 MassHealth Income Standards & Federal Poverty Guidelines. Additionally, to be eligible for Family Assistance, children that are citizens and certain non-citizen children must have a household income greater than 150% and less than or equal to 300% of the FPL. See Exh. 130 CMR 505.505(A)(1). For a household size of two, this would amount to household income no greater than \$5,110 per-month. It is undisputed that Appellant receives a total gross monthly pension amount of \$5,670. This places both her and her son at 340.09% of the FPL and renders them ineligible for MassHealth coverage. Because neither Appellant nor her son, as of the hearing date, met both the categorical and financial requirements for any coverage-type listed above, MassHealth appropriately sought to end their benefit on 3/31/24. Appellant did not meet her burden in proving that MassHealth erred in issuing either of the 2/23/24 notices.

For these reasons, this 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.

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Casey Groff, Esq.  
Hearing Officer  
Board of Hearings

cc:

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