

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407124
Decision Date:	8/26/2024	Hearing Date:	08/01/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Kimberly Daughtry – 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

Appeal Decision:	Denied	Issue:	Under 65; Eligibility; Downgrade; Over Income
Decision Date:	8/26/2024	Hearing Date:	08/01/2024
MassHealth's Rep.:	Kimberly Daughtry	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 1 (Remote)	Aid Pending:	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 May 1, 2024, MassHealth notified the appellant that his benefits were downgraded from MassHealth Standard to Health Safety Net because of a change in circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on May 2, 2024 (130 CMR 610.015(B); Exhibit 2).¹ Termination and/or reduction of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that his benefits were downgraded from MassHealth Standard to Health Safety Net because of a change in circumstances.

¹ Initially, the Board of Hearings (BOH) scheduled the appellant's hearing for June 13, 2024 (Exhibit 5). Upon receipt of the appellant's request to reschedule the June 13th hearing, which was granted, the BOH re-scheduled the hearing to August 1, 2024 (Exhibits 6-7).

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's benefits from Standard to Health Safety Net.

Summary of Evidence

The MassHealth representative appeared at the hearing telephonically and testified as follows: the appellant is under ■ years of age with a household size of five. The appellant and his family previously received MassHealth Standard coverage through Transitional Medical Assistance (TMA) from December of 2022 through December of 2023.² On April 30, 2024, MassHealth received the appellant's proof of a name change, which was processed on May 1, 2024. Once processed, MassHealth automatically redetermined the appellant's eligibility.³ On May 1, 2024 MassHealth subsequently downgraded the appellant's Standard benefits to Health Safety Net (Exhibit 1). The appellant is also eligible for a ConnectorCare Plan through the Health Connector. *Id.* The appellant's verified monthly gross income from employment totals \$5,568.89,⁴ or 192.01% of the Federal Poverty Level (FPL) for his family size. To qualify for MassHealth Standard coverage as a household of 5, the appellant's gross monthly income cannot exceed 133% of the FPL, or \$4,055.00. The MassHealth representative stated that the appellant's spouse is also eligible for a ConnectorCare plan through the Health Connector. The appellant's children, who are all under the age of ■ and whose household income is between 150%-300% of the FPL, are eligible for Family Assistance benefits, with a monthly premium assessed.

The appellant appeared at the hearing telephonically. He did not dispute his income. The appellant stated that he and his spouse have 3 children, and his sole income must also pay for their mortgage, bills, and other monthly expenses.⁵ The appellant explained that he and his spouse need MassHealth coverage because they cannot afford to pay an additional monthly expense.

² Per 130 CMR 505.002(L)(3), members of a MassHealth MAGI household who receive MassHealth Standard...and have earnings that raise the MassHealth MAGI household's modified adjusted gross income above 133% of the federal poverty level (FPL) continue to receive MassHealth Standard for a full 12-calendar-month period that begins with the date on which the members MAGI exceeds 133% of the federal poverty level (FPL), so long as certain requirements are met (See, 130 CMR 505.002(L)(3)(a)(1-4).

³ The MassHealth representative testified that May 1, 2024 was the first time that MassHealth redetermined the appellant's eligibility since his Standard coverage ended in December of 2023.

⁴ The appellant's yearly gross income totals \$72,066.45.

⁵ The appellant and his family are a one-income household because his wife takes care of their children (See, Exhibit 2, p. 1).

Findings of Fact

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

1. The appellant is under the age of [REDACTED] and lives in a household size of five.
2. The appellant previously received MassHealth Standard coverage through TMA from December of 2022 through December of 2023.
3. On April 30, 2024, MassHealth redetermined the appellant's eligibility.
4. On May 1, 2024, MassHealth notified the appellant that his coverage was downgraded from Standard to Health Safety Net.
5. The appellant's gross monthly income from employment is \$5,568.89, which equates to 192.01% of the FPL for his family size.
6. The appellant did not dispute his income but stated that he is the sole income provider for his household.
7. To qualify for MassHealth Standard benefits, the appellant's gross monthly income would have to be at or below 133% of the Federal Poverty Level, or \$4,055.00 for a household of 5.
8. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,⁶ 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 [REDACTED] years of age who are not eligible for MassHealth Standard;

⁶ "Young adults" are defined at 130 CMR 501.001 as those aged [REDACTED]

- (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;
- (5) Small Business Employee Premium Assistance for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (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.

Categorically, the appellant, as a parent, is eligible for Standard coverage; however, his income exceeds the limit of that particular coverage type. Under 130 CMR 505.002(C)(1)(a), the income limit for Standard coverage is 133% of the FPL. For a household of 5, that limit is \$4,055.00 per month, or \$48,660.00 per year. The appellant's reported gross monthly income is \$5,568.89, or \$72,066.45 per year, which is equal to 192.01% of the FPL. He is therefore financially ineligible for MassHealth Standard benefits. For these reasons, the MassHealth decision is correct, and this appeal is denied.⁷

Order for MassHealth

None, except to remove aid pending.

⁷ 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.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186