

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2407423
<b>Decision Date:</b>	8/12/2024	<b>Hearing Date:</b>	06/21/2024
<b>Hearing Officer:</b>	Scott Bernard	<b>Record Open to:</b>	07/05/2024

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Shanell Santiago (Tewksbury 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Under 65/Eligibility/ Income
<b>Decision Date:</b>	8/12/2024	<b>Hearing Date:</b>	06/21/2024
<b>MassHealth's Rep.:</b>	Shanell Santiago	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center	<b>Aid Pending:</b>	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 April 19, 2024, MassHealth informed the appellant that she would not continue receiving MassHealth Standard after May 3, 2024 because she no longer met the income requirements for that coverage. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on May 8, 2024. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the conclusion of the hearing, the record was left open until July 5, 2024 for the appellant to submit updated income information to MassHealth after which the record closed. (Ex.6).

### Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for a MassHealth benefit because her income exceeded the income limit to qualify for MassHealth coverage.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007, in determining that the appellant was not eligible for MassHealth because her income exceeded the

income limit to qualify for MassHealth coverage.

## Summary of Evidence

An eligibility worker from the Tewksbury MassHealth Enrollment Center (MEC) represented MassHealth in the hearing and the appellant appeared on her own behalf. Both parties attended the hearing by telephone.

The MassHealth representative testified to the following. The appellant is under the age of [REDACTED] years old and lives in a household of four people, consisting of herself, her spouse, one child over the age of [REDACTED] years old, and one child under the age of [REDACTED] years old. (Testimony; Ex. 3). The household's income is from employment from the appellant and her older son. (Testimony). The appellant's gross monthly income (GMI) was \$3,421.69 and her son's was \$2,773.12, for a total of \$6,194.81. (Testimony). This placed the appellant at 233.26% of the federal poverty limit (FPL) for her household size. (Testimony). On April 19, 2024, MassHealth notice issued a notice informing the appellant that her MassHealth Standard would end on May 3, 2023 because she was over the income limit to receive MassHealth Standard. (Testimony). Up to that point, the appellant had been receiving MassHealth Standard under the COVID 19 protection. (Testimony).

On May 23, the appellant reported that her income changed to \$950 biweekly or \$2,058.65 per month. (Testimony). The household's GMI was now \$4,831.77, placing the appellant at 180.84% of the FPL. (Testimony). Although the appellant remains over the income limit for her household size, she is eligible for a plan through the Massachusetts Health Connector and has Health Safety Net (HSN) Partial. (Testimony; Ex. 1; Ex. 3). The MassHealth representative stated that the household has been reporting income that was above 133% of the FPL since some point in [REDACTED] (Testimony).

The appellant testified to the following. The appellant confirmed that she had reported the reduction of her income on [REDACTED] and stated that her GMI was even lower as of the day of the hearing, about \$450 per week. (Testimony). The appellant stated that her two sons were still receiving MassHealth coverage but that she and her husband had lost their MassHealth. (Testimony). They received their notices on the same day, and it was too late for them to appeal and receive aid pending the appeal. (Testimony). The appellant stated that the Connector has quoted a premium of \$1,800 per month, which neither she nor her husband can afford. (Testimony).

The MassHealth representative recommended that the appellant submit two to three pay stubs, if her income fluctuated, so that MassHealth can determine a monthly average for the household. (Testimony). For that reason, the record was left open until July 5, 2024 in order to allow the appellant an opportunity to submit further pay stubs. On July 5, 2024, the MassHealth representative emailed the hearing officer stating that the appellant had not submitted any further information to MassHealth since the close of the hearing. (Ex. 6).

## Findings of Fact

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

1. The appellant is under the age of ■ years old and lives in a household of four people, consisting of herself, her spouse, one child over the age of ■ years old, and one child under the age of ■ years old. (Testimony; Ex. 3).
2. The household's income is from employment from the appellant and her older son. (Testimony).
3. The GMI for appellant's household was \$6,194.81 at the time of the notice. (Testimony).
4. This placed the appellant at 233.26% of the FPL for her household size. (Testimony).
5. On April 19, 2024, MassHealth notice issued a notice informing the appellant that her MassHealth Standard would end on May 3, 2023 because she was over the income limit. (Testimony).
6. Up to that point, the appellant had been receiving MassHealth Standard under the COVID 19 protection. (Testimony).
7. On May 23, 2024, the appellant reported that her income changed to \$950 biweekly or \$2,058.65 per month. (Testimony).
8. The household's GMI was now \$4,831.77, placing her at 180.84% of the FPL. (Testimony).
9. The appellant remained over the income limit for her household size, but she is eligible for a plan through the Massachusetts Health Connector and has HSN Partial. (Testimony; Ex. 1; Ex. 3).
10. The record was left open until July 5, 2024 for the appellant to submit updated income information to MassHealth, but the appellant did not submit any further information. (Ex. 6).

## Analysis and Conclusions of Law

Parents and caretaker relatives of children under ■ years old can qualify for MassHealth Standard coverage if they meet specific requirements. (130 CMR 505.002(C)(1)). First the household income must not exceed 133% of the federal poverty level. (130 CMR 505.002(C)(1)(a)). Additionally, they must be either a U.S. citizen or a qualified noncitizen. (130 CMR 505.002(C)(1)(b)). If they are a parent, they need to live with their children and assume primary responsibility for their care, even in cases of separation, divorce, or custody arrangements. (130 CMR 505.002(C)(1)(c)(1)). Finally,

they must use potential health insurance benefits in accordance with 130 CMR 503.007, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by MassHealth in accordance with 130 CMR 505.002(O) or 130 CMR 506.012. (130 CMR 505.002(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 506.007(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. 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 deductions. (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 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 appellant meets the categorical criteria for MassHealth Standard for parents of children under age ■■■. The income limit for MassHealth Standard is \$3,458 per month, which is equal to 133% of the federal poverty level for a household of four. On April 19, 2024, the gross monthly income for the household was \$6,194.81, which was equal to 238.26% of the FPL for a household of four. After deducting five percentage points from this raw figure, the appellant's countable income was equal to 233.26% of the FPL. On May 23, 2024, the appellant reported that the GMI for the household was \$4,831.77, equal to 185.84% of the FPL or 180.84% of the FPL after deducting five percent. In both instances, the household's countable income exceeded 133% of the FPL, and for that reason, the appellant did not qualify financially for MassHealth Standard.

For that reason, 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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957