

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407612
Decision Date:	7/1/2024	Hearing Date:	06/28/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Jasmine Gomez (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

Appeal Decision:	Denied	Issue:	Under 65/Downgrade/Income
Decision Date:	7/1/2024	Hearing Date:	06/28/2024
MassHealth's Rep.:	Jasmine Gomez	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury 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 April 22, 2024, MassHealth informed the appellant that starting on May 6, 2024 she would no longer receive MassHealth Standard because she was over the income limit for her household size. (See 130 CMR 505.002 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on May 13, 2024. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant was not eligible for MassHealth because her income was over the MassHealth limit.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002 and 505.008, in determining that the appellant's income exceeds the limit for MassHealth benefits.

Summary of Evidence

According to the Medicaid Management Information System report included in the hearing record, the appellant is under the age of [REDACTED] years old. (Ex. 3). The appellant was a recipient of MassHealth Standard as the parent of an individual under the age of [REDACTED] years old from December 3, 2021 through May 6, 2024. (Ex. 3).

An eligibility worker from the Tewksbury MassHealth Enrollment Center and the appellant both attended the hearing by telephone. The MassHealth representative stated the following. On April 22, 2024, the appellant submitted an eligibility renewal to MassHealth. (Testimony). The appellant reported that she lives in a household of three consisting of the appellant, her husband and her son, who is under the age of [REDACTED] (Testimony). The appellant reported that the household income is \$2,980 consisting of her husband's Social Security. (Testimony). In order for the appellant to be eligible for MassHealth coverage, her household income cannot exceed \$2,862, which is 133% of the FPL for a household of three. (Testimony). For that reason, on same date, MassHealth issued the determination under appeal, notifying the appellant that that starting on May 6, 2024 she would no longer receive MassHealth Standard because she was over the income limit for her household size. (Testimony; Ex. 1). The appellant's son continues to be eligible for MassHealth Standard, and her husband is eligible for CommonHealth because he is disabled. (Testimony). After MassHealth issued the April 22, 2024 notice, the appellant enrolled in a ConnectorCare plan through the Massachusetts Health Connector. (Testimony).

The appellant stated the following. The appellant was confused and upset by the termination of her MassHealth Standard. (Testimony). She was barely above the income limit for MassHealth. (Testimony). The appellant and her family have very little income and their living expenses are high. (Testimony). The appellant did state that she had macular degeneration, but that she has nothing in writing showing that she is currently disabled. (Testimony; Ex. 3).

The MassHealth representative informed the appellant about CommonHealth coverage. (Testimony). The MassHealth representative offered to send the appellant an Adult Disability Supplement, and explained that the appellant would need to complete and submit the supplement to the Disability Evaluation Service (DES) in [REDACTED] so that they could make a disability determination. (Testimony). If DES determined the appellant was disabled, the appellant would likely be eligible for CommonHealth coverage. (Testimony).

Findings of Fact

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

1. The appellant is under the age of [REDACTED] years old. (Ex. 3).
2. The appellant lives in a household of three, which includes the appellant, her spouse, and

her son who is under the age of [REDACTED] years old. (Testimony).

3. On April 22, 2024, the appellant submitted an eligibility renewal to MassHealth. (Testimony).
4. The appellant reported that the household income is \$2,980 consisting of her husband's Social Security. (Testimony).
5. In order for the appellant to be eligible for MassHealth coverage, her household income cannot exceed \$2,862, which is 133% of the FPL for a household of three. (Testimony).
6. For that reason, on same date, MassHealth issued the determination under appeal, notifying the appellant that that starting on May 6, 2024 she would no longer receive MassHealth Standard because she was over the income limit for her household size. (Testimony; Ex. 1).
7. The appellant's son continues to be eligible MassHealth Standard, and her husband is eligible for CommonHealth because he is disabled. (Testimony).
8. After MassHealth issued the April 22, 2024 notice, the appellant enrolled in a ConnectorCare plan through the Massachusetts Health Connector. (Testimony).
9. The appellant has not been determined to be disabled. (Testimony; Ex. 3).

Analysis and Conclusions of Law

Parents and caretaker relatives of children under [REDACTED] years old can qualify for MassHealth Standard coverage if they meet specific requirements. (130 CMR 505.002(C)(1)). Firstly, their 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 utilize available health insurance benefits or enroll if no cost or purchased by MassHealth and not be enrolled in Medicare Parts A or B. (130 CMR 505.002(C)(2)).

MassHealth CarePlus provides coverage for adults aged [REDACTED] with specific eligibility criteria detailed in 130 CMR 505.008. To qualify for MassHealth CarePlus Direct Coverage, individuals must be aged [REDACTED] be a U.S. citizen or qualified noncitizen, have a household income not exceeding 133% of the federal poverty level, be ineligible for MassHealth Standard, utilize available health insurance benefits or enroll if no cost or purchased by MassHealth and not be enrolled in Medicare Parts A or B. (130 CMR 505.008(A),(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. 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 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 criteria for MassHealth Standard for parents of children under age [REDACTED] and for MassHealth CarePlus. The income limit for both programs is \$2,862 per month, which is equal to 133% of the federal poverty level for a household of three. The gross monthly household income for the appellant's household is \$2,980, which is 138.5% of the federal poverty level for a household of three. After deducting five percentage points from this raw figure, the appellant's countable income is equal to 133.5% of the FPL. Unfortunately, since this countable income still

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.

exceeds 133% of the FPL, the appellant does not qualify financially for either MassHealth Standard or CarePlus at this time.

For that reason, the appeal must be 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.

Scott Bernard
Hearing Officer
Board of Hearings

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