

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2409540
Decision Date:	7/23/2024	Hearing Date:	07/16/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se

Appearance for MassHealth:

Via telephone:

Yesenia Henriquez, Quincy 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:	Approved in part; Denied in part	Issue:	Under 65; Eligibility; Income
Decision Date:	7/23/2024	Hearing Date:	07/16/2024
MassHealth's Rep.:	Yesenia Henriquez	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South Remote	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 May 22, 2024, MassHealth notified the appellant that she did not qualify for MassHealth benefits because her income exceeds the limit for MassHealth. (Exhibit 1). The appellant filed this appeal in a timely manner on June 18, 2024 (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth informed the appellant that she did not qualify for MassHealth benefits because her income was too high.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant did not qualify for MassHealth benefits because his income was too high.

Summary of Evidence

The MassHealth representative and the appellant both appeared at the hearing via telephone. The MassHealth representative testified as follows: the appellant, who is between the ages of 21 and 65, has a household size of one. On February 6, 2024, the appellant reported a change from zero income to unemployment income which prompted a request for proof of income. On April 26, 2024, MassHealth received updated income from the appellant in the form of her unemployment award letter. It showed that the appellant was entitled to a weekly benefit of \$951, which would total \$4,120.68 gross per month. For a household of one, that is 323.34% of the Federal Poverty Level (FPL). The income limit to qualify for MassHealth benefits for a non-disabled person under the age of 65 is 133% of the FPL, which is \$1,670 gross monthly for a household of one. Because the appellant exceeded this limit, MassHealth issued a termination notice on April 26, 2024 informing the appellant she was over income and her MassHealth CarePlus benefits would terminate on May 31, 2024. On May 22, 2024, MassHealth issued a second notice informing her that she was over the income limit. This is the notice under appeal.

The appellant explained that she is only able to claim \$951 per month because she does not meet the criteria (applying to a certain number of jobs) to claim that amount weekly. She referred to her payment history which she submitted to MassHealth with her award letter and showed that she received \$809 (\$951 less tax withholdings) on January 30, February 8, and April 18, 2024. On March 1, 2024, she received \$1,618 but then received a Notice of Disqualification because she was not entitled to the benefits. As of June 20, 2024, she owes money to the Department of Unemployment Assistance (DUA) for the overpayment, which gets taken out of any benefit she now claims.

The MassHealth representative testified that she had to go by the unemployment award letter which showed that the \$951 gross is a weekly benefit. Prior to hearing, the appellant had been in touch with MassHealth to inform it that she was only receiving \$951 monthly, but she did not submit any documentation to verify that it was a monthly benefit. She submitted the payment history, but it is not sufficient verification given that it shows the net amount (MassHealth considers gross income) and the award letter clearly states it is a weekly benefit.

The appellant argued that she was not entitled to \$951 every week because she cannot meet the job search requirements due to mental health issues she is dealing with. The payment history along with the Notice of Disqualification and overpayment support that she is only receiving and entitled to \$951 per month.

At the request of the hearing officer, the appellant submitted her payment history, entitlement letter, and other relevant documentation via email after hearing. Payment history confirmed that she received \$809 (\$951 gross less tax withholdings) on January 30, February 8, April 18, and May 7, 2024 and \$1,618 on March 1, 2024. Additionally, she received \$334 (\$951 gross less

withholdings for taxes and repayment of overpayments) on July 2, July 15, July 16, and July 17, 2024 for the weeks ending June 15, June 22, July 6, and July 13, 2024. For all dates, the documentation, including a table titled "Payment Request Status," showed that the gross, pre-tax authorized amount was \$951. For the July payment dates, \$617 was withheld, part of which went toward the \$1,902 balance she owes DUA.

Findings of Fact

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

1. The appellant, who is between the ages of 21 and 65, has a household size of one (Testimony).
2. On February 6, 2024, the appellant reported a change from zero income to unemployment income which prompted a request for proof of income (Testimony).
3. On April 26, 2024, MassHealth received updated income from the appellant in the form of her unemployment award letter, which showed that the appellant was entitled to a weekly benefit of \$951 gross (Testimony and Exhibits 5 and 6).
4. Based on the verified gross weekly income of \$951 (or \$4,120.68 gross monthly), MassHealth determined that the appellant's gross monthly income is 323.34% of the FPL (Testimony).
5. To qualify for MassHealth benefits, the appellant's income would have to be at or below 133% of the FPL, or \$1,670 gross monthly for a household of one (Testimony).
6. On April 26, 2024, MassHealth notified the appellant that she did not qualify for MassHealth benefits because her income was too high and her MassHealth CarePlus benefits would terminate on May 31, 2024 (Testimony and Exhibit 5).
7. After that notice, the appellant reported to MassHealth via telephone that she was only receiving \$951 gross per week; however, MassHealth never received acceptable verification for that income and, on May 22, 2024 issued the notice under appeal informing the appellant that she did not qualify for MassHealth benefits because was over the allowable income limit (Testimony and Exhibit 1).
8. On June 18, 2024, the appellant filed this appeal in a timely manner (Exhibit 2).
9. The appellant is not entitled to \$951 every week because she does not meet the DUA job search requirements (Testimony and Exhibit 6).

10. The appellant's payment history reflects that she received \$809 (\$951 gross less tax withholdings) on January 30, February 8, April 18, and May 7, 2024 and \$1,618 on March 1, 2024; however, a Notice of Disqualification followed the \$1,618 because she was not entitled to the additional payment (Testimony and Exhibit 6).
11. The appellant received \$334 (\$951 gross less withholdings for taxes and repayment of overpayments) on July 2, July 15, July 16, and July 17, 2024 for the weeks ending June 15, June 22, July 6, and July 13, 2024 (Exhibit 6).

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

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,¹ 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 21 through 64 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;
- (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;

¹ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

- (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 is eligible for CarePlus; however, under 130 CMR 505.008(A)(2)(c), the income limit for CarePlus coverage is 133% of the FPL. For a household of one, that limit is \$1,670 gross per month. While the appellant's gross monthly income for July (three payments of \$951 gross) currently puts her over the income limit, at the time of the notice on May 22, 2024, the appellant's gross monthly income was \$951, supported by the payment history, Payment Request Status table, and Notice of Disqualification. For these reasons, the appellant was within the income limit at the time MassHealth issued the over income notice in question and the April 26, 2024 termination notice.² As such, MassHealth should not have determined her over income and should not have terminated her CarePlus benefits on May 31, 2024.

The appellant, however, provided documentation after hearing showing that she received three \$951 pre-tax payments in the month of July, which would put her gross income over the limit to qualify for MassHealth benefits at this time.

The appeal is approved to the extent that she was within the income limit at the time of the April 26 and May 22, 2024 notices and her benefits should not have been terminated on May 31, 2024.

Order for MassHealth

Rescind the April 26, 2024 termination notice and May 22, 2024 over income notice. MassHealth should reinstate the appellant's MassHealth CarePlus benefits retroactive to the May 31, 2024 termination date and proceed to redetermine her income and eligibility in accordance with this decision. MassHealth should consider the actual payment history, not only the DUA award letter.³

² While the April 26, 2024 termination was not appealed, pursuant to 130 CMR 610.015(B)(1), it is within the time frame to take jurisdiction over it in this appeal. Under 130 CMR 610.015(B)(1), the Board of Hearings must receive a request for a fair hearing within 60 days after an applicant or member receives written notice from MassHealth of the intended action. It is presumed that the notice was received on the fifth day after mailing. See 130 CMR 610.015(B)(1). Here, the June 18, 2024 Request for Fair Hearing is within 60 days of that notice.

³ Currently, the appellant is over the income limit based on the July payment history to qualify for MassHealth CarePlus benefits. Should the appellant return to receiving only one distribution from DUA per month (\$951 gross per month), she should update MassHealth by providing her payment history as well as the Payment Request Status table which shows both the pre-tax amount and the payment amount.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Alexandra Shube
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171