

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409564
Decision Date:	8/22/2024	Hearing Date:	07/29/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Anastasia Agnos



*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:	Eligibility – Under 65 Years of Age
Decision Date:	8/22/2024	Hearing Date:	07/29/2024
MassHealth's Rep.:	Anastasia Agnos	Appellant's Rep.:	Pro se
Hearing Location:	Springfield 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 06/06/2024, MassHealth informed the appellant that it decided he was no longer eligible for MassHealth benefits because the family has more countable income than MassHealth benefits allow. MassHealth informed the appellant that he was eligible for Health Safety Net and a Health Connector Plan (see 130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). The appellant filed this appeal in a timely manner on 06/14/2024 (see 130 CMR 610.015(B) and Exhibit 2). A change in the level of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits because his household's income exceeds the program limits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits because his income exceeds the program limits.

Summary of Evidence

Exhibits 1-3 were admitted into evidence. The appellant appeared at the fair hearing telephonically, as did the MassHealth representative.

The MassHealth representative testified that the appellant is under [REDACTED] years of age and he lives in the community. He is part of a household of four people, including his spouse and two children. The appellant was previously determined to be eligible for MassHealth benefits, having been determined to be financially eligible with the family's countable income being below 133% of the federal poverty level for a household of 4 people.

In March 2024, an eligibility review was mailed to the appellant with a request that he verify the family's income. On 06/03/2024, MassHealth received verification of the family's income. The appellant is only member of the household who has income. He provided paystubs to MassHealth that show he has gross monthly income of \$4,077.09, which, after a 5% deduction, is equal to 151% of the federal poverty level. Because the household's income exceeds 133% of the federal poverty level (\$3,458.00 per month for a household of four), the appellant is no longer eligible for MassHealth benefits. He and his wife are eligible for a Health Connector plan and the Health Safety Net. The children are eligible for Family Assistance benefits with a monthly premium of \$24.00, total.

The appellant testified that he disputed MassHealth's use of the gross amount of his income, since he takes home less than the gross amount. He stated he cannot afford health insurance with his income.

Findings of Fact

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

1. Appellant is under [REDACTED] years of age and lives in the community with his wife and two children. For the purposes of MassHealth eligibility, the appellant is a member of a household of four people (Testimony).
2. Appellant's gross monthly income is \$4,077.09 per month (Testimony).
3. When counting income, MassHealth deducted 5% of the federal poverty level to calculate Appellant's countable income of \$3,947.09.
4. 133% of the federal poverty level for a household of four is \$3,458.00 as of 03/2024.

5. On 06/06/2024, MassHealth informed the appellant that it decided he was not eligible for MassHealth benefits because he had more countable income than MassHealth benefits allow (Exhibit 1; Testimony).
6. Through the 06/06/2024 notice, MassHealth informed the appellant that he is eligible for Health Safety Net and a Health Connector plan (Exhibit 1; Testimony).
7. The appellant filed this appeal in a timely manner on 06/14/2024 (Exhibit 2).
8. A fair hearing was held on 07/29/2024. All parties appeared telephonically (Exhibit 3).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) **MassHealth Standard** - for people who are pregnant, children, **parents** and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus - for adults ■ through ■ years old who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) for certain Medicare beneficiaries.

Regulations at 130 CMR 505.002(C) address MassHealth Standard benefit eligibility for parents, as follows:

- (C) Eligibility Requirements for Parents and Caretaker Relatives.
 - (1) A parent or caretaker relative of a child younger than ■ years old is eligible for MassHealth Standard coverage if
 - (a) ***the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);***

- (b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and
- (c) 1. the parent lives with their children, and assumes primary responsibility for the child's care in the case of a parent who is separated or divorced, has custody of their children, or have children who are absent from home to attend school; or
2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care, if neither parent lives in the home.
- (2) The parent or caretaker relative complies with 130 CMR 505.002(M).

(Emphasis added.)

MassHealth determined that the appellant is no longer eligible for MassHealth benefits because the household's income exceeds the guidelines for that benefit. MassHealth determined that the appellant's gross monthly income from employment is \$4,077.09. After deducting 5% of the federal poverty level, MassHealth determined that the appellant's countable income is \$3,947.09¹. The appellant and his family are counted as household of four people. In order to be income-eligible for MassHealth Standard benefits, the family's countable monthly income must be less than 133% of the FPL, or \$3,458.00. The appellant did not dispute the household's income. Therefore, MassHealth's determination that the appellant is a member of a household of four, with gross monthly income of \$4,077.09 is accurate. Accordingly, he has presented no information to show MassHealth's decision to downgrade his benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is therefore denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Health Connector questions can be addressed by calling 1-877-623-6765. Additionally, if the appellant's income or household size changes, he should contact MassHealth for a new determination of benefits.

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

¹ See 130 CMR 506.007(A)(3).

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:

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