

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411038
Decision Date:	10/7/2024	Hearing Date:	08/19/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Asia Brown – 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:	Denied	Issue:	Eligibility; Under 65; Over income
Decision Date:	10/7/2024	Hearing Date:	08/19/2024
MassHealth's Rep.:	Asia Brown	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 7 (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 June 14, 2024, MassHealth notified the appellant that she does not qualify for MassHealth benefits because MassHealth determined that she is over the allowable income limits (Exhibit 1). The notice further stated that the appellant is approved for Health Safety Net coverage for a limited time. *Id.* The appellant filed this appeal in a timely manner on or about July 15, 2024 (130 CMR 610.015(B); Exhibit 2). Denial and/or reduction of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that she does not qualify for MassHealth benefits because she is over the allowable income limits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant does not qualify for MassHealth benefits because she is over the allowable income limits.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified in summary as follows: The appellant is under the age of 65 and submitted her MassHealth application telephonically on March 7, 2024. At that time, she reported a household size of 4, which included the appellant, her spouse and her two minor children. The appellant reported that she was unemployed, and that her household income amounted to \$6,000.00 per year in social security benefits that a household member receives. The appellant's household income at that time equaled 31.42% of the Federal Poverty Level (FPL) for a household of 4 (See, Exhibit 6, p. 3). On March 7, 2024, MassHealth notified the appellant that she was temporarily approved for MassHealth Standard benefits, pending additional information requested from her (Exhibit 6). Additionally, on March 7, 2024, MassHealth sent the appellant a request for additional information, requesting proof of income for her and proof of social security income for her spouse (See, Exhibit 7).¹ MassHealth did not receive the requested information from the appellant. In June of 2024, the appellant reported that there was a change in her household size from 4 to 3. Additionally, the appellant reported a change in her household income. MassHealth verified the appellant's current employer and her income from employment, which amounts to \$45,465.00 per year, or 300.31% of the FPL for a household of 3.² On June 3, 2024, MassHealth sent the appellant a request for information, requesting completion of non-custodial parent (NCP-1) forms for her children because the appellant reported that her spouse was no longer in the household (See, Exhibit 8). On June 3, 2024, MassHealth notified the appellant that her request for MassHealth benefits was denied because her income was too high (See, Exhibit 9). The notice further informed her that she may qualify for health insurance through the Health Connector. *Id.* On June 14, 2024, MassHealth notified the appellant that she does not qualify for MassHealth benefits, however, she does qualify for Health Safety Net coverage for a limited time (Exhibit 1).

The appellant appeared at the hearing by telephone. She testified that when she initially applied for MassHealth benefits on March 7th, she attested telephonically that she was unemployed. She stated that she was told by MassHealth at that time that her unemployment was verified (See, Exhibit 5).³ The appellant stated that because she verbally attested that she was unemployed, she assumed that she did not need to send in the requested information and apologized for disregarding the notice. The appellant testified that she was informed by MassHealth on March 7th that she and her household members qualified for MassHealth Standard benefits. The appellant

¹ Although the appellant reported having no income, the MassHealth representative explained that she needed to submit an affidavit attesting that she has no income, signed under penalty of perjury (See, Exhibit 7, pp. 4-5).

² The testimony regarding the appellant's current FPL percentage of 300.31% conflicts with the June 14th notice, which indicates that the appellant's household income equals 240.24% of the FPL (See, Exhibit 1, p. 2).

³ The appellant submitted her Attestation Form to verify income to the Board of Hearings, which was received by the hearing officer on August 18, 2024, post hearing. The appellant indicated on the August 18th submission that she receives \$307.00 per week in unemployment benefits and \$125.00 per week in child support. Additionally, the appellant indicated that she was laid off in September of 2023 and started a new job on [REDACTED] 2024. The appellant also submitted a bank statement dated [REDACTED] which showed that she received \$307.00 from unemployment on January 3rd, 2024, January 8th, January 10th, January 17th, January 30th, February 6th, February 12th, February 21st, February 27th and March 4th. *Id.*

stated that she contacted MassHealth sometime in June or July to ascertain if she still qualified for MassHealth Standard coverage through Transitional Medical Assistance (TMA), also known as extended eligibility. She was told by MassHealth that there were pending verifications and once received, MassHealth would issue a determination. The appellant stated that she was told by MassHealth that the only outstanding documentation were the NCP-1 forms. The appellant explained that she was nervous to submit the forms due to abuse concerns surrounding her youngest child's father, whom she is divorcing, and there was a restraining order in effect at the time. The appellant stated that she was told by MassHealth that if she did not send in the NCP-1 forms, her children would not lose their MassHealth Standard coverage, however, her benefits may be affected. The appellant stated that she was never told by MassHealth during that telephone conversation that she needed to verify her income. She subsequently submitted the NCP-1 forms. The appellant contacted MassHealth a few weeks later and at that time, she was told that she does not qualify for MassHealth Standard coverage. The appellant also inquired about whether she qualifies for extended eligibility (TMA). The MassHealth representative stated that because the appellant only temporarily qualified for coverage pending income verification, she is not entitled to TMA.

Findings of Fact

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

1. On March 7, 2024, MassHealth received the appellant's application for benefits.
2. The appellant is under the age of 65 and reported a household size of 4 and \$6,000.00 in yearly income, which equals 31.42% of the FPL.
3. On March 7, 2024, MassHealth notified the appellant that she was temporarily approved for MassHealth Standard coverage, pending additional information.
4. On March 7, 2024, MassHealth sent the appellant a request for information regarding proof of income for her and her spouse.
5. MassHealth did not receive the requested information from the appellant.
6. In June of 2024, the appellant reported a change in her household size from 4 to 3 and reported there was a change in her household income from \$6,000.00 to \$45,465.00 per year.
7. To qualify for MassHealth Standard benefits, the appellant's gross income must be at or below 133% of the Federal Poverty Level, or \$2,862.00 per month, or \$34,344.00 per year, for a household of 3.

8. On June 3, 2024, MassHealth notified the appellant that she was over the allowable income limits to qualify for MassHealth benefits. MassHealth further informed her that may qualify for health insurance benefits through the Health Connector.
9. On June 3, 2024, MassHealth sent the appellant a request for information for NCP-1 forms to be returned to MassHealth.
10. The appellant submitted the NCP-1 forms to MassHealth.
11. On June 14, 2024, MassHealth notified the appellant that she does not qualify for MassHealth benefits because her income exceeds the MassHealth income guidelines and that she is eligible for Health Safety Net partial coverage.

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,⁴ 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;

⁴ "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, as a parent, the appellant is eligible for MassHealth Standard benefits; however, her income exceeds the limit of that coverage type. Per, 130 CMR 505.002(C)(1)(a), the income limit for MassHealth Standard coverage is 133% of the FPL. For a household of 3, that limit is \$2,862.00 per month, or \$34,344.00 per year. The appellant's reported gross yearly income from employment is \$45,465.00 per, which exceeds 133% of the FPL.

Regarding the appellant's eligibility for TMA, 130 CMR 505.002(L)(3) provides as follows:

Members of a MassHealth MAGI household who receive MassHealth Standard (whether or not they receive TAFDC) 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) if

- (a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;
- (b) a parent or caretaker relative continues to be employed;
- (c) the parent or caretaker relative complies with 130 CMR 505.002(M); and
- (d) the member is a citizen or a qualified noncitizen.

Here, the appellant has not demonstrated that she qualifies for extended eligibility. She was temporarily approved for coverage pending income verification, but never demonstrated that she met the eligibility requirements for this coverage type. Rather, when she ultimately verified her income, MassHealth appropriately terminated her temporary coverage on the basis that she is not financially eligible.

Thus, I find that MassHealth correctly determined that the appellant is financially ineligible for MassHealth Standard benefits and this appeal is denied.⁵

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

⁵ 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.

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