

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411372
Decision Date:	10/15/2024	Hearing Date:	08/21/2024
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:



Appearance for MassHealth:

Monica Ramirez



*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, Community, Financial Eligibility
Decision Date:	10/15/2024	Hearing Date:	08/21/2024
MassHealth's Rep.:		Appellant's Rep.:	Pro se
Hearing Location:	Quincy	Aid Pending:	Yes

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 5, 2024, MassHealth informed Appellant that due to her household's countable income, her benefit level would change from Standard to temporary Health Safety Net and that she qualified to enroll with a ConnectorCare Plan ([Exhibit A](#)). Appellant filed for an appeal with the Board of Hearings in a timely manner on July 23, 2024 ([See](#) 130 CMR 610.015(B) and [Exhibit A](#)). Eligibility determinations constitute grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

Due to Appellant's household countable income, MassHealth determined that her benefit level would change from Standard to temporary Health Safety Net and that she qualified to enroll with a ConnectorCare Plan.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulations to accurate facts when it determined that Appellant does not qualify for MassHealth Standard benefits upon

determining that her gross countable household income exceeds eligibility limits and that Appellant is eligible for a ConnectorCare Plan.

Summary of Evidence

Both parties appeared by telephone.

The MassHealth representative testified that Appellant is a non-disabled adult under the age of 65 who is not pregnant and resides in the community in a household of two. Appellant last verified her gross monthly income at \$2,622.00 per month which constitutes 196.19% of the Federal Poverty Level (FPL) for a household of two. The MassHealth representative testified that in order to be eligible for MassHealth, Appellant's income would need to be below 133% FPL for a household of two, which is \$2,266.00 per month. The MassHealth representative further testified that Appellant is eligible to enroll in a ConnectorCare plan although Appellant had not enrolled by the time of the hearing. Appellant's child remains eligible for MassHealth Standard.

Appellant testified that her monthly pay fluctuates although she did not specifically dispute the amount of her last verified income. Appellant testified that she has exorbitant monthly bills which she pays alone now that she is separated from her partner. Appellant testified that she has split custody of her two children with her partner. Appellant covers the oldest child and the younger child is claimed as a dependent under her former partner's taxes.

Appellant testified that she has an important surgery concerning a wound revision scheduled for mid-November 2024. Appellant testified that the procedure requires a surgical expert whose services would not be covered under any of the ConnectorCare plans. Appellant testified that she has a meeting with the surgeon on October 25, 2024 with surgery scheduled for November 13, 2024 and a final follow up scheduled for December 2024. Appellant stated that she wants her MassHealth Standard to remain in place for one more year.

Findings of Fact

By a preponderance of the evidence, this record supports the following salient findings:

1. Appellant is under the age of 65.
2. Appellant is a non-disabled adult who is not pregnant and resides in the community in a household of two.
3. Appellant last verified her income with MassHealth at \$2,622.00 per month.

4. MassHealth determined that Appellant's monthly income is too high to be eligible for MassHealth Standard, but Appellant is eligible for temporary Health Safety Net and is able to enroll in a ConnectorCare Plan.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). Appellant has not met her burden.

Regulation 130 CMR 506.002 states in pertinent part:

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types.

Financial eligibility determinations for non-disabled persons are based on the combined MassHealth modified adjusted gross income(s) (MAGI) of all household members (130 CMR 506.002(A)(1)). In determining monthly income for MassHealth eligibility purposes, MassHealth is to multiply the weekly income by 4.333 (130 CMR 506.007(A)(2)(c)).

Appellant did not dispute any of MassHealth's figures or that she is under the age of 65, has not formally been determined to be disabled and resides in a household of two in the community. MassHealth properly determined that Appellant's last verified monthly income of \$2,622.00 exceeds the MassHealth Standard eligibility limit of 133% FPL for a household of two (currently, \$2,266.00) (130 CMR 505.002(C)(1)(a)). By regulation, other than pregnancy or having breast or cervical cancer, medical conditions or the need for particular services do not alter the 133% FPL income eligibility limit for MassHealth Standard (130 CMR 505.002).

Appellant did testify that her monthly income fluctuates. Appellant is free to reverify her income by sending MassHealth updated pay stubs at any time.

On this record, Appellant has failed to establish that MassHealth's action is invalid due to an error of fact and/or law. For the foregoing reasons, the appeal is DENIED.

Order for MassHealth

Remove AID Pending and proceed with determination of June 5, 2024 terminating Appellant's MassHealth Standard awarding temporary Health Safety Net and eligibility to enroll with a ConnectorCare Plan.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

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