

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2415077
<b>Decision Date:</b>	11/15/2024	<b>Hearing Date:</b>	10/29/2024
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Jeffrey Pamphile



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility – Under 65 - Income
<b>Decision Date:</b>	11/15/2024	<b>Hearing Date:</b>	10/29/2024
<b>MassHealth's Rep.:</b>	Jeffrey Pamphile	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center	<b>Aid Pending:</b>	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 09/21/2024, MassHealth informed the appellant that it planned to terminate his MassHealth benefits on 09/11/2024 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. The appellant's MassHealth benefits were protected pending the outcome of this appeal (see 130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). The appellant filed this appeal in a timely manner on 09/30/2024 (see 130 CMR 610.015(B) and Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth plans to terminate 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 65 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.

A recent eligibility review was conducted by MassHealth, and the appellant verified his income and family size. On 09/21/2024, MassHealth received verification of the family's income. The appellant and his wife have income; the two children do not. The appellant earns \$56,672.00 annually from the United States Post Office. His wife earns \$19,971.00 annually. The family's total income is \$76,642.00 annually, which is \$6,386.00 monthly. In order for an adult to be eligible for MassHealth benefits, the family's countable income must be less than 133% of the federal poverty level, or \$3,458.00 per month for a household of four people. Since the family's income exceeds 133% of the federal poverty level, the appellant is not eligible for MassHealth benefits.<sup>1</sup> He was approved for Health Safety Net for a limited time until he can enroll in a Health Connector plan.

The appellant testified that has been eligible for MassHealth Standard Benefits since 2016 and he requests that he be again determined eligible for Standard benefits. He reports he has expenses of \$6,000.00 per month, which includes college fees for both of his children. He testified that after paying those monthly expenses, the appellant has no money left to pay for health insurance.

## Findings of Fact

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

1. Appellant is under 65 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).

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<sup>1</sup> Only the appellant's eligibility is at issue in this appeal. However, as a point of interest, the appellant's wife, who is disabled, is eligible for CommonHealth benefits. One of his children who is under 19 years of age is eligible for MassHealth CarePlus, and the other, who is over 19 years of age, is eligible for a Health Connector plan.

2. The family's gross monthly income is \$6,386.00 per month (Testimony).
3. 133% of the federal poverty level for a household of four is \$3,458.00 as of 03/2024.
4. On 09/21/2024, MassHealth informed the appellant that it planned to terminate his MassHealth benefits on 09/11/2024 because the family has more countable income than MassHealth benefits allow (Exhibit 1)
5. MassHealth informed the appellant that he was eligible for Health Safety Net and a Health Connector Plan (Exhibit 1).
6. The appellant filed this appeal in a timely manner on 09/30/2024 (Exhibit 2).
7. The appellant's MassHealth benefits were protected pending the outcome of this appeal (Exhibit 2).
8. A fair hearing was held on 10/29/2024. All parties appeared telephonically (Exhibit 3).
9. The appellant provided no evidence to show that MassHealth incorrectly calculated his income or family size.

## 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 21 through 64 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 19 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 Standard benefits because the household's income exceeds the guidelines for that benefit. MassHealth determined that the family's countable monthly income is \$6,386.00. They are counted as household of four people. In order to be income-eligible for MassHealth Standard benefits, the family's gross 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 countable monthly income of \$6,386.00 is undisputed. 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

Release aid pending.

## **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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129