

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416516
Decision Date:	01/14/2025	Hearing Date:	11/27/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Carolyn Meredith, Springfield MEC

Interpreter:



*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:	Community Eligibility—over 65
Decision Date:	01/14/2015	Hearing Date:	11/27/2024
MassHealth's Rep.:	Carolyn Meredith	Appellant's Rep.:	██████
Hearing Location:	Springfield MassHealth Enrollment Center (Telephone)	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 October 2, 2024, MassHealth notified the Appellant that his coverage was being downgraded from MassHealth Limited to Health Safety Net due to not meeting the income requirements. 130 CMR 505.006 and Exhibit 1. The Appellant filed this appeal in a timely manner on October 24, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded the Appellant's benefit from MassHealth Limited to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.006, in downgrading the Appellant's benefit from MassHealth Limited to Health Safety Net.

Summary of Evidence

The hearing was held telephonically. The MassHealth representative testified that the Appellant is between the ages of 21-64 years old and has a household size of three, made up of the Appellant, his spouse, and their child. The MassHealth representative testified that the Appellant completed a renewal on October 2, 2024, and based on updated income information was no longer eligible for MassHealth Limited. The MassHealth representative testified that the Appellant's household income was \$6,382.51/monthly, which equals 291.63% of the federal poverty level, and that in order to qualify, the Appellant's income would have to be 133% or less of the federal poverty level. The MassHealth representative testified that the Appellant's child was eligible for the Children's Medical Security Plan.

The Appellant testified through an interpreter and verified his identity. The Appellant testified that he had sent in proof of his income. The Appellant also testified that he works seasonally, typically from April until the end of December and that sometimes he can find other work, but it is not guaranteed. The Appellant also asked what services were covered under the Health Safety Net.

The MassHealth representative testified that as a seasonal worker, the Appellant would need to submit his 1040 and tax returns to MassHealth. The MassHealth representative also testified that the Appellant's spouse would need to submit pay stubs, or if she did not have them, a completed attestation form. The MassHealth representative said that based on the Appellant's seasonal employment information, the household's annual income was \$46,796, which was still too high to qualify.

Findings of Fact

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

1. The Appellant is between the ages of 21-64 years old and has a household size of three. Testimony, Exhibit 4.
2. The Appellant's annual household income is at least \$46,796. Testimony.
3. On October 2, 2024, MassHealth downgraded the Appellant's MassHealth Limited to Health Safety Net based on the grounds that his household income is too high. Exhibit 1.
4. On October 24, the Appellant timely filed an appeal with the Board of Hearings. Exhibit 2.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that the Appellant's gross household income exceeded program limits to qualify for MassHealth benefits, specifically MassHealth Limited. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. 130 CMR 501.003(A). The MassHealth coverage types are listed 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
- (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.

130 CMR 505.001(A).

505.006: MassHealth Limited

(A) Overview. 130 CMR 505.006 contains the categorical requirements and financial standards for MassHealth Limited coverage for children, young adults, and adults 21 through 64 years old who are parents, caretakers, adults, and disabled adults.

(B) Eligibility Requirements.

(1) MassHealth Limited is available to the following:

(a) other noncitizens as described in 130 CMR 504.003(D): *Other Noncitizens*

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

who are

1. children younger than one year old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 200% of the federal poverty level (FPL);
2. children one through 18 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
3. young adults 19 and 20 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
4. adults 21 through 64 years old who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL; and
5. disabled adults 21 through 64 years old with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133% of the FPL;

(b) nonqualified PRUCOLs as described in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)* who are

1. children younger than one year old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 200% of the federal poverty level (FPL);
2. children one through 18 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
3. young adults 19 and 20 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
4. adults 21 through 64 years old who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL; and
5. disabled adults 21 through 64 years old with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133% of the FPL;

(c) qualified noncitizens barred, as described in 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, and nonqualified individuals lawfully present, as described in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present* who are

1. adults, including parents and caretaker relatives, 21 through 64 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL;
2. disabled adults 21 through 64 years old with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or

equal to 133% of the FPL;

3. parents and caretakers who are 21 through 64 years old who are receiving EAEDC; and

4. adults 21 through 64 years old who are receiving EAEDC.

(2) Nonqualified PRUCOLs eligible for MassHealth Limited in 130 CMR 505.006(B)(1)(b) and qualified noncitizens barred and nonqualified individuals lawfully present eligible for MassHealth Limited in 130 CMR 505.006(B)(1)(c) may also be eligible for MassHealth CommonHealth if they meet the categorical and financial requirements in 130 CMR 505.004 or MassHealth Family Assistance if they meet the categorical and financial requirements in 130 CMR 505.005.

(3) Persons eligible for MassHealth Limited coverage are eligible for medical benefits as described in 130 CMR 450.105(F): *MassHealth Limited*. These individuals are eligible for medical benefits under MassHealth Limited only to the extent that such benefits are not covered by their health insurance.

(C) Use of Potential Health Insurance Benefits. All individuals who meet the requirements of 130 CMR 505.006 must use potential health insurance benefits in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay without access to health insurance. Members must access those other health insurance benefits and must show both their private health insurance card and their MassHealth card to providers at the time services are provided.

(D) Medical Coverage Date.

(1) The medical coverage date for MassHealth Limited is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.006(D)(2).

(2) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.

(E) Referral to Children's Medical Security Plan. MassHealth submits the names of children who are eligible for MassHealth Limited coverage to the Children's Medical Security Plan.

130 CMR 505.006.

Here, to be eligible for MassHealth Limited, an adult parent/caretaker's modified adjusted gross income must be less than or equal to 133% of the federal poverty level. 130 CMR 505.006(B)(1)(a)4.; (B)(1)(b)4.; (B)(1)(c)1. In 2024, 133% of the Federal Poverty Level equaled

\$34,344/annually for a household of three.² There is no dispute that the Appellant's income exceeds this threshold. The Appellant does not meet the financial requirements to qualify for MassHealth Limited. Therefore, MassHealth did not err in issuing the October 2, 2024, notice and the appeal is denied.

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.

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 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.

Emily Sabo
Hearing Officer
Board of Hearings

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

² The 2024 income standards are available at: <https://www.mahealthconnector.org/help-center-answers/eligibility/federal-poverty-level-fpl>.