Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500253
Decision Date:	3/13/2025	Hearing Date:	02/04/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	02/21/2025

Appearance for Appellant: Pro se Appearance for MassHealth: George Beals



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 – Under 65 - Income
Decision Date:	3/13/2025	Hearing Date:	02/04/2025
MassHealth's Rep.:	George Beals	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown 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 11/21/2024, MassHealth informed the appellant that it planned to terminate her MassHealth benefits on 12/31/2024 because her family's income exceeds the program limits. Through the same notice, MassHealth informed the appellant that she is eligible for Health Safety Net and a Health Connector plan (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). The appellant filed a timely appeal on 12/18/2024 (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 terminated the appellant's MassHealth benefits on 12/31/2024.

lssue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing telephonically.

The MassHealth representative was unable to explain what the appellant's income was at the time of the 11/21/2024 determination. He stated that the MassHealth computer systems were recently upgraded, and he was unable to provide the necessary testimony for this case.

The hearing officer asked the appellant what her family's income was prior to the determination in November. She was unable to do so.

The hearing officer requested that the parties provide income information as of the date of the determination that gave rise to the termination notice. The record remained open until 02/21/2025 for the parties' submissions (Exhibit 4). Neither party made a submission during the record open period.

Findings of Fact

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

- 1. The appellant is between the ages of and she lives in the community (Testimony).
- 2. It is unknown what the appellant's family size is (Testimony).
- 3. It is unknown what the appellant's income was at the time of the determination that gave rise to the termination notice dated 11/21/2024.
- 4. Through a notice dated 11/21/2024, MassHealth informed the appellant that it planned to terminate her MassHealth benefits on 12/31/2024 because her family's income exceeds the program limits. Through the same notice, MassHealth informed the appellant that she is eligible for Health Safety Net and a Health Connector plan (Exhibit 1).
- 5. The appellant filed a timely appeal on 12/18/2024 (Exhibit 2).
- 6. A fair hearing was held on 02/04/2025. The appellant appeared telephonically, as did the MassHealth representative (Exhibit 3).
- 7. At the fair hearing, neither party was able to provide substantive information about this case. The hearing officer left the record open until 02/21/2025 for the parties to submit income and family size information (Exhibit 4).

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8. Neither party made a submission during the record open period.

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 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 eligibility for MassHealth Standard benefits as the parent of a child as follows:

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 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.)

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination.

MassHealth determined that the appellant is no longer eligible for MassHealth Standard benefits because the household's income exceeds the guidelines for that benefit. At the fair hearing, the MassHealth representative was unable to provide the income information that MassHealth relied on when terminating the appellant's benefits on 12/31/2024. The appellant was also unable to provide income information. The record remained open to allow the parties to provide the information. Neither party made a submission during the record open period.

It is unfortunate that MassHealth was unable to defend its position in terminating a member's benefits; however, it is the appellant's burden to show that MassHealth erred. The appellant did not meet her burden of showing MassHealth incorrectly terminated her benefits. 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 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

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129