

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503768
Decision Date:	6/6/2025	Hearing Date:	04/08/2025
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Lashaun Kelley



*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:	6/6/2025	Hearing Date:	04/08/2025
MassHealth’s Rep.:	Lashaun Kelley	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South	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 02/19/2025, MassHealth informed the appellant that it decided she was not eligible for MassHealth benefits because the family has more countable income than MassHealth benefits allow. MassHealth informed the appellant that she was eligible for Health Safety Net and a Health Connector Plan (see 130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). The appellant filed this appeal in a timely manner on 03/05/2025 (see 130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (see 130 CMR 610.032).

A fair hearing took place on 04/08/2025 (Exhibit 4). On 06/03/2025, the Board of Hearings contacted the parties to inform them the hearing officer had become unavailable, pursuant to 130 CMR 610.015(D)(4)(b) and the hearing decision would be issued by 06/16/2025 (Exhibit 8).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits because her 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 1-7 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 between 19 and 65 years of age, and she lives in the community with her daughter, who is under 19 years of age. For the purposes of MassHealth eligibility, the appellant is counted as part of a household of 2 people. 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 (FPL) for a household of 2 people.

The denial notice at issue in this appeal, dated 02/19/2025 is based on a recent verification of the appellant's income. The appellant is employed and has gross monthly income of \$5,091.00 per month. Her countable monthly income is \$4,836.00 after a 5% FPL deduction. This is equal to 277% of the FPL for a household of 2 people. The appellant has not presented evidence that she is pregnant, disabled, or diagnosed with HIV or breast/cervical cancer. The income limit for a parent of a child under 19 years of age is 133% of the FPL, or \$2,345.00. Because the household's income exceeds 133% of the FPL, the appellant is not eligible for MassHealth benefits. She was determined to be eligible for Health Safety Net for a limited time and she may contact the Health Connector for a ConnectorCare plan.

The appellant appeared at the fair hearing and testified that her employer provides access to health insurance, but that because of a continuing diagnosis of diabetes, she needs MassHealth benefits to cover Zepbound, a diabetes medication. She submitted the following documents into the hearing record: 1) a mortgage statement; 2) a prescription report from Walgreens; and 3) a prior authorization denial from her primary health insurance company for the medication Zepbound (Exhibits 5-7).

The appellant testified that her medication costs approximate \$1,300.00 per month for out-of-pocket payment. She has also contacted the Health Connector but was dismayed to find that the least expensive health insurance plan would cost approximately \$750.00 per month. She submitted the exhibits to show that if her medication is not covered by MassHealth, she won't be able to afford it and still maintain "a roof over our head."

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 her child who is under 19 years of age. For the purposes of MassHealth eligibility, the appellant is a member of a household of 2 people (Testimony).
2. Appellant's gross monthly income is \$5,091.00 per month (Testimony).
3. When counting income, MassHealth deducted 5% of the federal poverty level to calculate Appellant's countable income of \$4,836.00.
4. 133% of the federal poverty level for a household of 2 is \$2,345.00 as of 03/2025.
5. On 02/19/2025, MassHealth informed the appellant that it decided she was not eligible for MassHealth benefits because the family has more countable income than MassHealth benefits allow. (Exhibit 1; Testimony).
6. Through the same notice dated 02/19/2025, MassHealth informed the appellant that she is eligible for Health Safety Net and a Health Connector plan (Exhibit 1; Testimony).
7. The appellant filed this appeal in a timely manner on 03/05/2025 (Exhibit 2).
8. A fair hearing was held on 04/08/2025. All parties appeared telephonically (Exhibit 3).

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 not eligible for MassHealth benefits because her earned income exceeds the guidelines for that benefit. MassHealth determined that the appellant's gross monthly income from employment is \$5,091.00. After deducting 5% of the federal poverty level, MassHealth determined that the appellant's countable income is \$4,836.00¹. The appellant and her child are counted as household of 2 people. In order to be income-eligible for MassHealth Standard benefits, the family's countable monthly income must be less than 133% of the FPL, or \$2,345.00. The appellant did not dispute the household's income. Therefore, MassHealth's determination that the appellant is a member of a household of 2, with countable monthly income of \$4,836.00 is accurate.

The appellant submitted verification of her mortgage expenses and potential charges she may

¹ See 130 CMR 506.007(A)(3).

encounter to obtain her diabetes medications; however, there is nothing in the regulations that allow these expenses to reduce countable income that is used to determine financial eligibility. The appellant has presented no information to show MassHealth's decision to deny her 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

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.

Scott Bernard (Marc Tonaszuck)
Hearing Officer
Board of Hearings

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