

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2178472
Decision Date:	12/15/2021	Hearing Date:	12/13/2021
Hearing Officer:	Patricia Mullen		

Appearance for Appellant:
Pro se



Appearance for MassHealth:
Michelle Carvalho, Taunton MEC



*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:	Eligibility
Decision Date:	12/15/2021	Hearing Date:	12/13/2021
MassHealth's Rep.:	Michelle Carvalho, Taunton MEC	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center		

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 13, 2021, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeds the limit for MassHealth. (see 130 CMR 506.007; 505.008, and Exhibit 1). The appellant filed this appeal in a timely manner on November 5, 2021. (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007; 505.008, in determining that the appellant's income exceeds the limit for MassHealth.

Summary of Evidence

The appellant appeared telephonically and testified through an interpreter. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Taunton. The MassHealth representative stated that the appellant is under age 65 and lives in a three person household with her two minor children. The MassHealth representative stated that the children are open on MassHealth. The MassHealth representative stated that the appellant verified employment earnings totaling \$3,173.00 gross per month. The MassHealth representative stated that the appellant called MassHealth on November 2, 2021 and reported that her earnings are \$1,200.00 every 2 weeks. The MassHealth representative noted that the appellant needs to send in verification of the income change. The MassHealth representative stated that the appellant is eligible for employer sponsored health insurance and is required to enroll in such plan, with MassHealth being the secondary coverage if she is otherwise eligible. The MassHealth representative testified that the total gross monthly income of \$3,173.00 exceeds the limit for MassHealth Standard for parents of children under age 19 and for MassHealth CarePlus for non-disabled persons under age 65. The MassHealth representative stated that the income limit for MassHealth Standard for parents of children under age 19 and for MassHealth CarePlus is 133% of the federal poverty level, or \$2,434.00 a month for a family of three. The MassHealth representative stated that the appellant was determined eligible for a subsidized Commonwealth Connector plan and it appears she is enrolled in a plan to begin January 1, 2022. The MassHealth representative noted that even if the reported income of \$1,200.00 every 2 weeks is verified, it would calculate to \$2,599.80 gross per month and would still exceed 133% of the federal poverty level for a family of 3.

The appellant stated that her employer sponsored health insurance does not cover her diabetes supplies and her Connector plan is not sufficient. The appellant testified that she earns \$1,200.00 every 2 weeks.

Findings of Fact

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

1. The appellant is under age 65 and lives in a three person household with her 2 minor children.
2. The appellant verified gross monthly earnings totaling \$3,173.00.
3. 133% of the federal poverty level is \$2,434.00 a month for a household of three
4. The appellant is enrolled in a Commonwealth Connector plan.

Analysis and Conclusions of Law

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 his or her children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of his or her children, or has children who are absent from home to attend school; or
 - 2. the caretaker relative lives with children to whom he or she is 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).

130 CMR 505.002(C).

MassHealth CarePlus

(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years of age.
- (2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): MassHealth CarePlus and 130 CMR 508.000: Health Care Reform: MassHealth: Managed Care Requirements and must meet the following conditions.
 - (a) The individual is an adult 21 through 64 years of age.
 - (b) The individual is a citizen, as described in 130 CMR 504.002: U.S. Citizens, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): Qualified Noncitizens.
 - (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.
 - (d) The individual is ineligible for MassHealth Standard.
 - (e) The adult complies with 130 CMR 505.008(C). (f) The individual is not enrolled in or eligible for Medicare Parts A or B.

130 CMR 505.008(A).

Deductions. The following are allowable deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse;

- (9) individual retirement account (IRA);
- (10) student loan interest; and
- (11) higher education tuition and fees.

130 CMR 506.003(D).

Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

130 CMR 506.007(A).

The appellant is categorically eligible for MassHealth Standard as the parent of minor children and is also categorically eligible for MassHealth CarePlus. The income limit for both coverage types is 133% of the federal poverty level, or \$2,434.00 a month for a family of three. The appellant lives in a three person household and has total gross monthly income of \$3,173.00. Pursuant to 130 CMR 506.007(A), 5 percentage points of the current FPL is deducted to determine countable income. For a household of three, 5 percentage points of the current FPL equals \$91.50 a month. Accordingly, the appellant's countable income is \$3,081.50. The appellant's countable income exceeds \$2,434.00 and thus she is not financially eligible for MassHealth Standard or Care Plus. MassHealth's action is upheld and the appeal is denied.

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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center