

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2302209
<b>Decision Date:</b>	5/19/2023	<b>Hearing Date:</b>	05/17/2023
<b>Hearing Officer:</b>	Patricia Mullen		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Jeffrey Arnold, Quincy MEC

**Interpreter:** Ellen DeLeon



*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>	Eligibility
<b>Decision Date:</b>	5/19/2023	<b>Hearing Date:</b>	05/17/2023
<b>MassHealth's Rep.:</b>	Jeffrey Arnold, Quincy MEC	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South		

### 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 April 28, 2023, MassHealth terminated the appellant's MassHealth CarePlus 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 May 4, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits.

### 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 at the hearing and testified through an interpreter. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Quincy. The MassHealth representative stated that the appellant is under age 65 and lives in a one person household. The MassHealth representative stated that the appellant has been open on MassHealth CarePlus since September, 2019. (Exhibit 5). The MassHealth representative stated that on April 28, 2023, the appellant verified annual income of \$34,319.00, which averages to \$2,859.00 a month. Prior to the hearing, the appellant submitted pay stubs from March and April, 2023 which average out to gross monthly earnings of \$2,872.00. (Exhibit 4). The MassHealth representative stated that the income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$1,616.00 a month for a family of one. The MassHealth representative stated that because the appellant's monthly income exceeds \$1,616.00 a month, she is not financially eligible for MassHealth CarePlus. The MassHealth representative stated that the appellant's CarePlus is protected until May 31, 2023. The MassHealth representative stated that, as noted in the April 28, 2023 notice, the appellant is eligible for a ConnectorCare plan through the Health Connector. (Exhibit 1). The MassHealth representative stated that the appellant should call the Health Connector at 1-877-623-6765 by May 23, 2023 to enroll in a plan to begin June 1, 2023.

The appellant stated that she has many bills and lives with her disabled, adult son. The appellant was concerned about how much a ConnectorCare policy would cost.

## **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 one person household.
2. MassHealth verified gross monthly income of \$2,859.00.
3. 133% of the federal poverty level is \$1,616.00 a month for a household of one.

## **Analysis and Conclusions of Law**

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: *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 percent 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).

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 lives in a one person household and has total gross monthly income of \$2,859.00. Five percentage points of the current federal poverty level for a family of one is \$60.75 and thus the appellant's countable income is \$2,798.25 (\$2,859 - \$60.75) which is 230% of the federal poverty level for a household of one. The income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$1,616.00 a month for a household of one. The appellant's income exceeds this amount and thus she is not financially eligible for MassHealth CarePlus. MassHealth's action is upheld and the appeal is denied.

As noted at the hearing, the appellant is eligible for a subsidized ConnectorCare plan and is advised to call the Health Connector at 1-877-623-6765 before May 23, 2023 to be enrolled by June 1, 2023.

## **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.

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Patricia Mullen  
Hearing Officer  
Board of Hearings

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