

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304796
Decision Date:	8/15/2023	Hearing Date:	07/17/2023
Hearing Officer:	Patricia Mullen		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Elizabeth Nickoson, 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:	Financial eligibility
Decision Date:	8/15/2023	Hearing Date:	07/17/2023
MassHealth's Rep.:	Elizabeth Nickoson, Taunton MEC	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center (remote)	Aid Pending:	Yes

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 May 26, 2023, MassHealth terminated the appellant's MassHealth CarePlus benefits because MassHealth determined that the appellant's income exceeds the limit for MassHealth CarePlus. (see 130 CMR 505.008 and Exhibit 1). The appellant filed this appeal in a timely manner on June 12, 2023 and received aid pending appeal. (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 CarePlus benefits.

Issue

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

Summary of Evidence

The appellant appeared telephonically at the hearing and verified her identity. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Taunton. The MassHealth representative stated that the appellant was open on MassHealth CarePlus since 2014. MassHealth sent the appellant a renewal form on April 11, 2023, and the appellant returned the completed form on May 26, 2023. (Testimony). The MassHealth representative stated that the appellant is under age 65, lives in a one person household, and receives gross monthly income of \$2,315.75. The MassHealth representative stated that the MassHealth calculated the appellant's MassHealth countable income to be 185% of the federal poverty level for a one person household. 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 one person household. The MassHealth representative stated that because the appellant's countable monthly income exceeds \$1,616.00 a month, she is not financially eligible for MassHealth CarePlus. The MassHealth representative state that the appellant is eligible for a subsidized Connector Care health plan through the Commonwealth Connector.

The appellant confirmed the income reported by MassHealth, noting that she had a slight increase recently, but the amount is now back to \$2,315.75. The appellant stated that her income is from her work as a personal care attendant (PCA) for her mother. The appellant stated that the household bills are high and there is very little money left after the bills are paid. The appellant stated that she contacted the Commonwealth Connector and her health insurance premium would be around \$125.00 a month. The appellant stated that she cannot afford this amount, yet she needs health insurance due to her medical conditions and the treatments/therapies she is currently receiving. The appellant stated that she and her mother have had to put their houses on the market because their income is insufficient to meet all the bills. The appellant testified that she cannot look for a job that provides health insurance because she needs to provide care for her mother.

Findings of Fact

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

1. The appellant was open on MassHealth CarePlus since 2014.
2. MassHealth sent the appellant a renewal form on April 11, 2023, and the appellant returned the completed form on May 26, 2023.
3. The appellant is under age 65, lives in a one person household, and receives gross monthly earned income of \$2,315.75.
4. 133% of the federal poverty level is \$1,616.00 a month for a one person household.

5. The appellant is eligible for a subsidized Connector Care health plan through the Commonwealth Connector.

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.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual's MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in

42 CFR 435.603 and 130 CMR 506.004(K).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

- (3) 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)).

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)).

The appellant lives in a one person household and has total gross monthly income of \$2,315.75 from her work as a PCA. 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 \$2,255.00 (\$2,315.75 - \$60.75), which is 185% 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. The appellant argued that her income is not sufficient to meet her expenses. Unfortunately MassHealth only allows the deductions listed at 130 CMR 506.003(D), when determining countable income, and there is no evidence that the appellant has any of the listed expenses. MassHealth's action is upheld and the appeal is denied.

Order for MassHealth

Rescind aid pending and proceed with the termination set forth in the notice dated May 26, 2023.

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