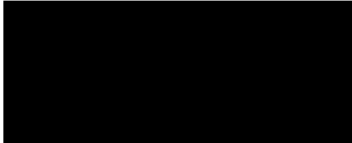


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2305119
Decision Date:	09/13/2023	Hearing Date:	07/27/2023
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Monica Ramirez (Quincy MEC) *via telephone*



*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:	Under 65 – Coverage Downgrade – Income
Decision Date:	09/13/2023	Hearing Date:	07/27/2023
MassHealth's Rep.:	Monica Ramirez	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	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 June 5, 2023, MassHealth informed the appellant that on July 31, 2023, it was downgrading her coverage from CarePlus to Health Safety Net (HSN) because she over the income limit for CarePlus. (See 130 CMR 505.008 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on June 21, 2023. (See 130 CMR 610.015(B), Ex. 2, Ex.3). Any MassHealth action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth downgraded the appellant's coverage from CarePlus to HSN effective July 31, 2023, because she was over the income limit for CarePlus.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.000, in determining that the appellant was not eligible for CarePlus.

Summary of Evidence

The appellant is an individual under the age of 65 who received MassHealth CarePlus from November 4, 2017 through July 31, 2023. (Ex. 4; Ex. 1). The MassHealth representative testified that the appellant has a household of one. The MassHealth representative testified that the appellant was downgraded because her income is too high to receive CarePlus. As part of her renewal, the appellant submitted a paystub which showed that she earned \$1,114.25 every two weeks. (Ex. 6, p. 2). MassHealth verified this income. The appellant is therefore over income for her previous coverage, but does qualify for a Health Connector plan, with HSN as her secondary coverage. The MassHealth representative had spoken to the appellant prior to the hearing. The appellant indicated that she has a disability. The MassHealth representative sent the appellant a disability form for her to complete. Once the appellant submits this form, MassHealth can refer this to the Disability Evaluation Services (DES). If DES determines that the appellant is disabled, the appellant will become eligible for CommonHealth as a working disabled adult, although she would have to pay a monthly premium based on her income.

The appellant testified that the income MassHealth used did not sound correct. The appellant stated that she submitted the disability form to MassHealth that day. The appellant asked that her MassHealth benefits continue until there was a decision concerning her disability. The appellant stated that she is both disabled and homeless. The MassHealth determination did not take into consideration who she was as a person. The appellant stated that she relies on MassHealth for medical transportation and to pay for her medications. The appellant stated that she was not able to pay for her medications otherwise.

Findings of Fact

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

1. The appellant has a household of one. (Testimony of the MassHealth representative).
2. The appellant is under the age of 65. (Ex. 4).
3. The appellant received MassHealth CarePlus from November 4, 2017, through July 31, 2023. (Ex. 4; Ex. 1).
4. As part of a renewal, MassHealth determined that the appellant earned \$1,114.25 every two weeks. (Ex. 6, p. 2; Testimony of the MassHealth representative).
5. Based on her gross earned income, the appellant's countable income exceeded the limit to continue receiving CarePlus. (Testimony of the MassHealth representative).
6. Through a notice dated June 5, 2023, MassHealth informed the appellant that her coverage was being downgraded to HSN as of July 31, 2023, because was she over the

income limit for MassHealth CarePlus. (Ex. 1).

Analysis and Conclusions of Law

In order to be eligible for MassHealth CarePlus Direct Coverage individuals must, amongst other requirements, have modified adjusted gross income that is less than or equal to 133% of the federal poverty level. (130 CMR 505.008(A)(2)(c)). Countable household income includes earned income less the following deductions:

1. Educator expenses;
2. Reservist/performance artist/fee-based government official expenses;
3. Health savings account; moving expenses, for the amount and populations allowed under federal law;
4. One-half self-employment tax;
5. Self-employment retirement account;
6. Penalty on early withdrawal of savings; alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018; individual retirement account (IRA);
7. Student loan interest;
8. Scholarships, awards, or fellowships used solely for educational purposes; and
9. Other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law. (130 CMR 506.003(C)).

Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. (130 CMR 506.003(A)(1)). Earned income may include wages, salaries, tips, commissions, and bonuses. (Id.). In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. (130 CMR 506.007(A)(2)(c)).

Averaging the appellant's biweekly earned income of \$1,114.25, one reaches the figure of \$557.13. Multiplying this figure by 4.333, one reaches the figure of \$2,414.02. The appellant did not submit evidence that any of the deductions described above applied. In 2023, 133% of the Federal Poverty Level for a family of one is \$1,616 per month.¹ The appellant's income therefore exceeds the income limit for CarePlus a family of one.

For the above stated reasons, the appeal is DENIED.

Order for MassHealth

None.

¹ See <https://www.mass.gov/info-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members>

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
Hearing Officer
Board of Hearings

cc:

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