

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2305663
Decision Date:	09/26/2023	Hearing Date:	08/10/2023
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Joseph Barbuzzi, Charlestown MEC

Interpreter:



*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, Under 65, Over Income
Decision Date:	09/26/2023	Hearing Date:	08/10/2023
MassHealth's Rep.:	Joseph Barbuzzo	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 June 26, 2023, MassHealth downgraded appellant's MassHealth benefits because MassHealth determined that appellant's income was too high. (Ex. 1). The appellant filed this appeal in a timely manner on July 12, 2023. (130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth downgraded appellant's benefits because he had more countable income.

Issue

The appeal issue is whether MassHealth was correct in downgrading appellant's benefits because he was over income.

Summary of Evidence

Appellant and the MassHealth worker both appeared by phone and were sworn. MassHealth downgraded appellant's MassHealth coverage from MassHealth Careplus to Health Safety Net. (Ex. 1; Testimony). MassHealth changed appellant's coverage because he was over income. The record shows appellant is under 65 and a household of 1. (Ex. 4; Testimony). The MassHealth representative testified appellant's income was from working, totaling \$560.00 a week.¹ (Testimony). The MassHealth representative stated that based on income and the federal poverty level appellant was eligible for the Health Connector. (Testimony).

Appellant stated he understood why MassHealth had downgraded his benefit coverage but he wanted to have a hearing because he was told he could apply for a disability. He was informed he needed to fill out an Adult Disability Supplement and return it to be reviewed. As of the hearing date, appellant had not yet completed the form.

Findings of Fact

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

1. Appellant is under age 65 and lives in a one-person household. (Testimony; Ex. 4).
2. Appellant has a weekly income of \$560.00 from working. (Testimony).
3. 133% of the federal poverty level is \$1,616.00 a month for a household of one. (130 CMR 505.008 (A)); 2023 MassHealth Income Standards and Federal Poverty Guidelines).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

505.008: 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 old.

(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: MassHealth: Managed Care Requirements and must meet the following conditions.

¹ This was the amount appellant was receiving weekly from work at the time of the notice which is the subject of this appeal. At hearing, appellant testified he has since changed jobs and his weekly income is now \$700.00 a week. (Testimony).

- (a) The individual is an adult 21 through 64 years old.
- (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

506.002: Household Composition

(A) Determination of Household Composition. MassHealth determines household size at the individual member level. MassHealth determines household composition in two ways.

(1) MassHealth Modified Adjusted Gross Income (MAGI) Household Composition. MassHealth uses the MassHealth MAGI household composition rules to determine member eligibility for the following benefits:

- (a) MassHealth Standard, as described in 130 CMR 505.002(B), (C), (D), (F), and (G);
- (b) MassHealth CommonHealth, as described in 130 CMR 505.004(F) and (G);
- (c) MassHealth CarePlus, as described in 130 CMR 505.008: MassHealth CarePlus;
- (d) MassHealth Family Assistance, as described in 130 CMR 505.005(B) through (E);
- (e) MassHealth Limited, as described in 130 CMR 505.006: MassHealth Limited;
- and (f) Children's Medical Security Plan (CMSP), as described in 130 CMR 522.004: Children's Medical Security Plan (CMSP).

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.

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.

The appellant lives in a one-person household and has total weekly income of \$560.00. By regulation, this amount is multiplied by 4.333, equaling \$2,426.48 gross monthly income. Pursuant to 130 CMR 506.007(A), 5 percentage points of the current FPL is deducted to determine countable income. For a household of one, 5 percentage points of the current FPL equals \$81.00. Accordingly, the appellant's countable income is \$2,345.48. 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 countable income exceeds this amount and thus he is not financially eligible for MassHealth Careplus. 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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129.