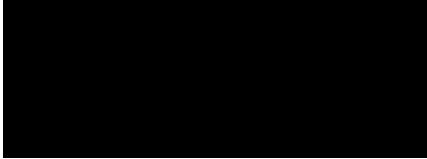


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2305816

Decision Date: 10/19/2023

Hearing Date: 08/31/2023

Hearing Officer: Thomas Doyle

Record Open to:

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Sherri Paiva, Taunton 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:	10/19/2023	Hearing Date:	08/31/2023
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	Pro se
Hearing Location:	Remote (virtual/video)	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 July 6, 2023, MassHealth notified appellant she did not qualify for benefits because MassHealth determined that her income was too high. (Ex. 1). The appellant filed this appeal in a timely manner on July 28, 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 determined appellant is not eligible for MassHealth because he had more countable income.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant was over income to qualify for MassHealth.

Summary of Evidence

Appellant and the MassHealth worker appeared by telephone and were sworn. The MassHealth representative stated, and the parties agreed, that the appellant lives in a three-person household and receives income from employment, totaling \$1,080.00 a week. (Testimony). The MassHealth representative testified appellant and her daughter were protected with MassHealth Standard through the Public Health Emergency (PHE) and when that ended on May 31, 2023, they were protected by aid pending. After testimony from appellant in which she stated her daughter was now over the age of 19 and her son was no longer in the home, the MassHealth representative stated that because there were no longer children in the home, appellant would only qualify for MassHealth CarePlus. The MassHealth representative testified that the total gross monthly income of the household was \$4,680.00,¹ exceeding the limit for MassHealth CarePlus. (Testimony). The MassHealth representative stated that based on income and the federal poverty level appellant was eligible for the Health Connector. (Testimony). There is aid pending.

Appellant stated she could join her employer's health insurance plan but she could not pay the monthly payment. She stated the other two people in her household were her mother, who is in her early 50's and her daughter, who is over the age of 19. She stated her son is in the military. She testified she claimed her mother and daughter on her taxes. She did not know her daughter could potentially apply for MassHealth due to a disability. The MassHealth worker stated that MassHealth showed the household was composed of appellant and her two children and that information had not been updated by appellant. Appellant stated her son was no longer in the home and her daughter was over the age of 19. The MassHealth worker then stated this new information meant appellant no longer qualified for MassHealth Standard but qualified for MassHealth CarePlus because there were no longer children present in the home. Appellant was given information on how to apply for a disability for her daughter.

Findings of Fact

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

1. Appellant is under age 65, not disabled and lives in a three-person household.² (Testimony; Ex. 4).
2. Appellant has a gross monthly income of \$4680.00. (Testimony).
3. 133% of the federal poverty level is \$2,756.00 a month for a household of three. (2023

¹ All figures are rounded.

² The household is composed of appellant, her elderly mother and appellant's daughter. Appellant testified she claims her mother and daughter on her taxes.

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.

(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. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) 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(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.

The appellant lives in a three-person household and has total gross monthly income of \$4,680.00. This was attained by taking appellant's weekly income from employment of \$1,080.00, and multiplying by 4.333, equaling \$4,680.00 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 three, 5 percentage points of the current FPL equals \$138.00. Accordingly, the appellant's countable income is \$4,542.00. The income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$2,756.00 a month for a household of three. The appellant's countable income exceeds this amount and thus she 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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616