

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307625
Decision Date:	11/16/2023	Hearing Date:	09/22/2023
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Sherri Paiva (Taunton 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/CarePlus/Termination
Decision Date:	11/16/2023	Hearing Date:	09/22/2023
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton MassHealth Enrollment Center		

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 27, 2023, MassHealth informed the appellant that it was ending her MassHealth CarePlus after August 31, 2023 because she no longer met the income requirements for that benefit.¹ (See 130 CMR 505.008 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on August 29, 2023. (See 130 CMR 610.015(B) and Ex. 3). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that it was ending her MassHealth CarePlus coverage after August 31, 2023 because she did not meet the income requirements for that benefit.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008, in determining that the appellant was no longer eligible for MassHealth CarePlus.

¹ Then notice also informed the appellant that she was also approved for Health Safety Net (HSN), which started on April 17, 2023. The HSN approval, however, was not the focus of the fair hearing.

Summary of Evidence

The appellant is under the age of 65. (Ex. 4). Prior to August 31, 2023, the appellant received CarePlus Benefits as a childless, non-pregnant adult. (Ex. 1; Ex. 4). The MassHealth representative stated that the appellant lives in a household of two consisting of the appellant and her husband. A third individual lives with the appellant, but this person is her own household for the purposes of MassHealth and was not counted. The appellant and her husband 's tax status is married, filing jointly. The appellant does not have income. The appellant's husband receives \$2,462.90 *per* month from Social Security. This income places the household at 144.87% of the federal poverty level (FPL) for a household of two. On July 27, 2023, the appellant updated her status with MassHealth, which triggered the change to her benefit. In order to remain eligible for CarePlus, an individual's monthly income must not exceed 133% of the FPL, which is \$2,186 *per* month for a household of two. The determination was based strictly on the household's income. Currently, the appellant would be eligible for a ConnectorCare plan.

The appellant explained that she appealed the end of her benefits for a few reasons. She stated that, in 2021, her husband had a severe stroke. Since that time, the appellant has been his caregiver. This means that she does not work. In June, the appellant was accepted into a local Accountable Care Partnership Plan². In July, MassHealth requested updated income information for the household, which the appellant submitted. Then she received the notice ending her MassHealth coverage at the end of August. The appellant stated that she is now on a ConnectorCare plan. The monthly premium is \$87, which is expensive. The appellant has made one premium payment. The appellant stated that she has been a worker all her life, and she is honest and deserves to remain on MassHealth.

Findings of Fact

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

1. The appellant is under the age of 65. (Ex. 4).
2. Prior to August 31, 2023, the appellant received CarePlus Benefits as a childless, non-pregnant adult. (Ex. 1; Ex. 4).
3. The appellant lives in a household of two consisting of the appellant and her husband. (Testimony of the MassHealth representative; Testimony of the appellant).
4. A third individual lives with the appellant but this person is her own household for the purposes of MassHealth and was not counted. (Testimony of the MassHealth representative).

² The appellant identified the plan by name. The hearing officer has chosen to refer to the plan by its plan type as stated on the MassHealth website.

5. The appellant and her husband's tax status is married, filing jointly. (Testimony of the MassHealth representative).
6. The appellant does not have income because she is a full time care giver for her husband. (Testimony of the MassHealth representative; Testimony of the appellant).
7. The appellant's husband receives \$2,462.90 *per* month from Social Security. (Testimony of the MassHealth representative).
8. This income places the household at 144.87% of the federal poverty level (FPL) for a household of two. (Testimony of the MassHealth representative).
9. On July 27, 2023, the appellant updated her status with MassHealth, which triggered the change to her benefit. (Testimony of the MassHealth representative; Testimony of the appellant).
10. In order to remain eligible for CarePlus, an individual's monthly income must not exceed 133% of the FPL, which is \$2,186 *per* month for a household of two. (Testimony of the MassHealth representative).

Analysis and Conclusions of Law

In order to be eligible for MassHealth CarePlus Direct Coverage, an individual must be an adult 21 through 64 years old; a citizen; have modified adjusted gross income that is less than or equal to 133% of the FPL; be ineligible for MassHealth Standard; be in compliance with the requirement to use potential health insurance benefits, enrolling in health insurance available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by MassHealth; and not be enrolled in or eligible for Medicare Parts A or B.

The record shows that the appellant is not presently eligible for MassHealth CarePlus coverage. The appellant has a household of two consisting of the appellant and her husband. The sole income for the appellant's household is her husband's Social Security, which is \$2,462.90 *per* month. This income places the appellant at 144.87% of the FPL. The income limit for CarePlus is 133% of the FPL, which would be \$2,186 *per* month for a household of two. Appellant is over the income limit to continue receiving MassHealth CarePlus. The appellant is eligible for a ConnectorCare plan and evidently signed up for a plan. This has resulted in the imposition of a monthly premium of \$87. It is acknowledged that payment of this premium may result in a hardship to a household with limited income. The regulation concerning the income limits, however, is clear and does not permit consideration of this as a factor.

For the above stated reasons, 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780