

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2308575
<b>Decision Date:</b>	10/23/2023	<b>Hearing Date:</b>	10/23/2023
<b>Hearing Officer:</b>	Patricia Mullen		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Luisa Cabral, Quincy 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Financial eligibility
<b>Decision Date:</b>	10/23/2023	<b>Hearing Date:</b>	10/23/2023
<b>MassHealth's Rep.:</b>	Luisa Cabral, Quincy MEC	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South (remote)	<b>Aid Pending:</b>	No

### 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 26, 2023, MassHealth terminated the appellant's MassHealth Standard benefits with an end date of August 31, 2023 because MassHealth determined that the appellant's countable income exceeds the limit for MassHealth Standard. (see 130 CMR 505.002 and Exhibit 1). The appellant filed this appeal in a timely manner on September 15, 2023. (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 Standard benefits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002; 505.008, in determining that the appellant's income exceeds the limit for MassHealth Standard and for MassHealth CarePlus.

### Summary of Evidence

The appellant testified telephonically and verified her identity. MassHealth was represented telephonically by a worker from the Quincy MassHealth Enrollment Center (MEC). The MassHealth representative stated that the appellant is under age 65 and lives in a two person household with her child who is under age 19. The appellant was open on a category 40, MassHealth Standard, case as the parent of a child under age 19, most recently beginning April 24, 2021. (Exhibit 4). The MassHealth representative stated that MassHealth received the appellant's eligibility review form on July 10, 2023. The MassHealth representative stated that the appellant verified gross weekly earnings of \$608.00, which calculates into \$2,634.00 a month ( $\$608 \times 4.333 = \$2,634$ ). (Testimony).

The MassHealth representative stated that the income limit for MassHealth Standard for parents of children under age 19 is 133% of the federal poverty level, which is \$2,186.00 a month for a household of 2. The MassHealth representative stated that because the appellant's countable income exceeds \$2,186.00 a month, she is not financially eligible for MassHealth Standard. The MassHealth representative noted that the income limit for MassHealth CarePlus is also 133% of the federal poverty level, so the appellant is not financially eligible for CarePlus. The MassHealth representative noted that the appellant's child is on MassHealth Family Assistance with a \$12.00 a month premium. The MassHealth representative stated that the appellant is eligible for a subsidized Commonwealth Connector plan and can call to enroll in such plan.

The appellant stated that she has numerous bills, including a mortgage, and questioned whether her expenses could be taken into account in determining MassHealth eligibility. The appellant stated that she receives no vacation or sick days at her job and therefore her income fluctuates. The appellant was advised to submit her tax return to MassHealth so that accurate income could be determined.

## **Findings of Fact**

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

1. The appellant is under age 65 and lives in a two person household with her child who is under age 19.
2. The appellant was open on a category 40, MassHealth Standard, case as the parent of a child under age 19, most recently beginning in April, 2021.
3. MassHealth received the appellant's eligibility review form on July 10, 2023.
4. The appellant verified gross weekly income of \$608.00.

5. 133% of the federal poverty level is \$2,186.00 a month for a household of 2.

## Analysis and Conclusions of Law

### Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

- (a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);
- (b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and
- (c) 1. the parent lives with their children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of their children, or has children who are absent from home to attend school; or  
2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

(130 CMR 505.002(C)).

### 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.

(130 CMR 505.008(A)).

Calculation of Financial Eligibility The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(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)).

The appellant is categorically eligible for MassHealth Standard for parents of children under age 19 and for MassHealth CarePlus. The income limit for Standard for parents and for CarePlus is 133% of the federal poverty level, or \$2,186.00 a month for a family of two. The appellant's gross monthly household income is \$2,634.00 and, after deducting the 5 percentage points of the federal poverty level, which is \$82.20 for a family of two, the appellant's countable income is \$2,551.80. Because the countable income exceeds 133% of the federal poverty level, the appellant is not financially eligible for MassHealth Standard or 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.

---

Patricia Mullen  
Hearing Officer  
Board of Hearings

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