

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2311031
<b>Decision Date:</b>	1/9/2024	<b>Hearing Date:</b>	12/04/2023
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	1/3/24

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Laymaris Ortiz, Springfield 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility, Over Income, Under 65
<b>Decision Date:</b>	1/9/2024	<b>Hearing Date:</b>	12/04/2023
<b>MassHealth's Rep.:</b>	Laymaris Ortiz	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<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 October 16, 2023, MassHealth denied appellant's health coverage because he was over income. (Ex 1). The appellant filed this appeal in a timely manner on October 30, 2023. (Ex. 2). MassHealth's determination regarding scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied appellant health care benefits.

### Issue

The appeal issue is whether MassHealth was correct in changing appellant's coverage due to being over income.

### Summary of Evidence

Appellant and the MassHealth worker (worker) both appeared by phone and were sworn. The worker testified to the following: Appellant completed a renewal on October 16, 2023 by phone. It was determined appellant was over income. Appellant said he was potentially disabled so MassHealth sent him a D.E.S. Supplement application form for disability on October 17, 2023. As of the date of the hearing, a decision was pending on appellant's disability. Post hearing, this hearing officer received an email from the worker that appellant's disability application was found to be incomplete. (Ex. 6). Appellant is in a household of 1, with income of \$2,500 every two weeks from employment. The worker stated appellant had MassHealth CarePlus before appellant's renewal with no income. Appellant is eligible for Health Connector. (Testimony).

Appellant testified on his own behalf. He confirmed the income numbers stated by MassHealth. He stated he suffers from numerous health issues. Appellant testified that he downloaded the D.E.S. Supplemental form, completed the form and emailed it in late November 2023 to the appropriate reviewing agency. The record was left open to await a decision on appellant's application for disability.

## **Findings of Fact**

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

1. Appellant completed a renewal by phone for MassHealth coverage. (Testimony).
2. Appellant's income is \$2,500.00 every two weeks. Appellant agreed to this figure. (Testimony).
3. Appellant is a household of 1 and under the age of 65. (Testimony; Ex. 4).
4. 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). Appellant is eligible for the Health Connector. (Testimony).
5. At the time of the hearing, appellant has not been deemed disabled by MassHealth or the Social Security Administration.
6. In late November 2023, appellant sent in a D.E.S. Supplement application form for review to determine if he qualified for a disability. (Testimony).
7. A decision on appellant's D.E.S. Supplemental application form indicated the application was incomplete. (Ex. 6).

## 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).

### 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 of age.

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

- (a) The individual is an adult 21 through 64 years of age.
- (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 percent 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).

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 gross monthly income of \$5,000.00. (\$2,500 times 2 is \$5,000 a month. Divide \$5,000.00 by 4 equals \$1,250.00 per week. Multiply that by 4.333 equals \$5,416.00 a month). Five percentage points of the current federal poverty level for a family of one is \$81.00 and thus the appellant's countable income is \$5,335.00, (\$5416 - \$81). 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 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.

## **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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186