

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2311343
<b>Decision Date:</b>	01/16/2024	<b>Hearing Date:</b>	12/11/2023
<b>Hearing Officer:</b>	Patricia Mullen		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Liz Nickoson, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Review/financial eligibility/Under 65
<b>Decision Date:</b>	01/16/2024	<b>Hearing Date:</b>	12/11/2023
<b>MassHealth's Rep.:</b>	Liz Nickoson, Taunton MEC	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center Room (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 October 24, 2023 MassHealth terminated the appellant's MassHealth CarePlus, because MassHealth determined that the appellant did not return the review form in a timely manner. (Exhibit 1; 130 CMR 502.007). Through a notice dated December 4, 2023, MassHealth denied the appellant's application for MassHealth benefits, because MassHealth determined that the appellant's countable income exceeds the limit for MassHealth CarePlus. (see 130 CMR 505.008 and Exhibit 5). The appellant filed this appeal in a timely manner on November 9, 2023 and the two notices were consolidated for appeal. (see 130 CMR 610.015(B) and Exhibit 2). Termination and denial of assistance are valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's request for MassHealth benefits.

## Issue

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

## Summary of Evidence

The appellant appeared telephonically at the hearing and testified through an interpreter. The appellant verified his identity. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Taunton. The appellant was open on MassHealth CarePlus from 2021 until November 7, 2023. (Exhibit 4). The MassHealth representative stated that MassHealth sent the appellant a review on August 5, 2023, to be completed and returned by September 19, 2023. The MassHealth representative stated that the appellant did not submit the review, and his CarePlus was terminated by notice dated October 24, 2023. The MassHealth representative stated that the appellant completed a phone application on December 4, 2023. The MassHealth representative stated that the appellant is under 65 and lives in a one person household. The appellant verified gross biweekly earnings of \$859.60, which calculates into gross monthly income of \$1,862.75.

The MassHealth representative stated that the income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$1,616.00 a month for a family of one. The MassHealth representative stated that because the appellant's income exceeds 133% of the federal poverty level, he is not financially eligible for MassHealth. The MassHealth representative stated that the appellant is eligible for a subsidized Connector Care plan.

The appellant stated that he was currently out of the country. The appellant stated that he is being treated for a liver problem and needs medication. The appellant stated that \$859.00 is the maximum biweekly income he receives and sometimes it's less.

## 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 one person household.
2. The appellant verified gross monthly earned income of \$1,862.75.
3. 133% of the federal poverty level is \$1,616.00 a month for a family of one.
4. The appellant is eligible for a subsidized Connector Care plan.

## Analysis and Conclusions of Law

### 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: Health Care Reform: MassHealth: 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% 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 CarePlus. The income limit for CarePlus is 133% of the federal poverty level, or \$1,616.00 a month for a family of one. The appellant's gross monthly household income is \$1,862.75 and, after deducting the 5 percentage points of the federal poverty level, which is \$60.75 for a family of one, the appellant's countable income is \$1,802.00. Because the countable income exceeds 133% of the federal poverty level, the appellant 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.

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Patricia Mullen  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center