

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311483
Decision Date:	03/8/2024	Hearing Date:	12/21/2023
Hearing Officer:	Scott Bernard	Record Open to:	01/22/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Damion English (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

Appeal Decision:	Denied	Issue:	Under 65/Downgrade/Care Plus/Income
Decision Date:	03/8/2024	Hearing Date:	12/21/2023
MassHealth's Rep.:	Damion English	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	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 October 31, 2023, MassHealth informed the appellant that as of November 30, 2023, he would not get MassHealth CarePlus because his income no longer met the income requirement. (See 130 CMR 506.007; 505.008; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on November 15, 2023 and received aid pending appeal. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the appellant's request, the hearing record remained open until January 22, 2024 at which time it closed.

Action Taken by MassHealth

MassHealth determined appellant was not eligible for MassHealth CarePlus because his income no longer met the income requirements.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007 and 505.008, in determining that the appellant's income no longer met the income requirements for CarePlus.

Summary of Evidence

The MassHealth Medicaid Information System (MMIS) shows that the appellant is an adult 21 through 64 years old, a citizen of the United States, and received MassHealth CarePlus Direct coverage (CarePlus) from June 2, 2020 through November 30, 2023. (Ex. 3). MMIS shows that as of October 21, 2023, the appellant is eligible for temporary partial Health Safety Net (HSN) and a subsidized plan through the Massachusetts Health Connector. (Ex. 1; Ex. 3).

The MassHealth representative testified to the following. The appellant lives in a household of one. (Testimony). An income change was reported to MassHealth on October 31, 2023. (Testimony). The reported change showed the appellant now receives around \$2,000 per month from Social Security. (Testimony). As a result of this reported income, MassHealth issued the notice under appeal. (Testimony; Ex. 1). According to that notice, the appellant's income placed him at 159.61% of the federal poverty level (FPL) for a household of one. (Testimony; Ex. 1). The income limit for CarePlus is 133% of the FPL, which was \$1,616.00 a month for a household of one at the time the determination was made. (Testimony). The MassHealth representative stated that he was unclear as to whether the appellant's Social Security was a disability benefit, but on MMIS disability status was listed as "no". (Testimony, ex. 3). The MassHealth representative stated that if the appellant is disabled, he may become eligible for MassHealth as a disabled person but would need to submit a disability supplement first.

The appellant testified to the following. The appellant stated that although he did have type 2 diabetes, he did not think he was disabled. (Testimony). The appellant neither disputed MassHealth's income determination nor that he was over income for MassHealth. (Testimony). The appellant had been trying to sign up for a ConnectorCare plan but needed to hold on to MassHealth until he was insured with the Connector. (Testimony). Since he would continue to receive aid pending the resolution of the appeal, the appellant requested that the hearing record remain open for one month to allow him to sign up with the Connector. (Testimony).

For that reason, the record remained open until January 22, 2024 at which time it closed.

Findings of Fact

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

1. The appellant is an adult 21 through 64 years old. (Ex. 3).
2. The appellant is a citizen of the United States. (Ex. 3).
3. The appellant lives in a household of one. (Testimony).
4. The appellant received CarePlus from June 2, 2020 through November 30, 2023. (Ex. 1; Ex. 3).

5. 133% of the federal poverty level is \$1,616.00 a month for a household of one.
6. An change to the appellant's income was reported to MassHealth on October 31, 2023. (Testimony).
7. The reported change showed the appellant now receives around \$2,000 per month from Social Security. (Testimony).
8. As a result of the reported change, MassHealth issued the notice under appeal. (Testimony; Ex. 1).
9. According to that notice, the appellant's reported income placed him at 159.61% of the FPL for a household of one. (Testimony; Ex. 1).
10. The notice informed the appellant that his CarePlus would end on November 30, 2023 because his income no longer met the income requirements. (Ex. 1; Ex. 3).
11. As of October 21, 2023 the appellant is eligible for temporary partial HSN and a subsidized plan through the Massachusetts Health Connector. (Ex. 1; Ex. 3).
12. The appellant did not contest that he was over the income limit for CarePlus. (Testimony).

Analysis and Conclusions of Law

MassHealth CarePlus Direct Coverage (CarePlus) provides MassHealth coverage¹ to adults 21 through 64 years old who are citizens² or qualified noncitizens³; have household modified adjusted gross income that is less than or equal to 133% of the FPL; are ineligible for MassHealth Standard; use potential health insurance benefits and enroll in health insurance, if available at no greater cost to the than they would pay without access to health insurance⁴; and are 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 CarePlus benefits are described in 130 CMR 450.105(B): MassHealth CarePlus.

² As described in 130 CMR 504.002: U.S. Citizens.

³ As described in 130 CMR 504.003(A)(1): Qualified Noncitizens.

⁴ See 130 CMR 505.008(C) Use of Potential Health Insurance Benefits for full details.

(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 \$2,000.00, 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 \$1,939.25. 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.

For the above reasons, the appeal is DENIED.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

Order for MassHealth

Remove aid pending.

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:

Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA