

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311846
Decision Date:	2/12/2024	Hearing Date:	12/22/2023
Hearing Officer:	Scott Bernard	Record Open to:	02/01/2024

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Georges Jorcelin (Charlestown 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/Downgrade/Income
Decision Date:	2/12/2024	Hearing Date:	12/22/2023
MassHealth's Rep.:	Georges Jorcelin	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Charlestown MassHealth Enrollment Center	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 November 21, 2023, MassHealth denied the appellant's application for MassHealth CarePlus Direct Coverage (CarePlus or MassHealth CarePlus) because it determined that the appellant's income was too high. (See 130 CMR 506.007(B); 502.003; 505.008; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on November 21, 2023. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032(A)(1)). At the appellant's request, the record remained open until February 1, 2024 at which time it closed.

Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for CarePlus because his income was too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008, in

determining that the appellant's income was too high for CarePlus.

Summary of Evidence

The appellant is between the ages of ■■■ and ■■■. (Ex. 3). The appellant is a citizen of the United States. (Id.). The appellant started receiving MassHealth CarePlus on July 9, 2023. (Id.).

The MassHealth representative testified that the appellant has a household of one. The MassHealth representative stated that prior to MassHealth issuing the notice under appeal, the appellant reported that he had gross monthly income of \$3,915.54. The MassHealth representative further stated that the appellant's income puts the appellant over the income limit for CarePlus for a household of one person.

On November 21, 2023, MassHealth sent the appellant the notice under appeal. (Ex. 1). The appellant's CarePlus ended on November 16, 2023. (Ex. 3).

The MassHealth representative suggested that since the appellant reported that he has a disability, he may wish to apply for MassHealth CommonHealth, which would cover someone determined to be eligible who is over the income limit for other types of MassHealth. The MassHealth representative stated that CommonHealth covers the same services as MassHealth Standard, and although it does not have an income limit, a monthly premium may be assessed based on income. The MassHealth representative stated that he sent the appellant a disability supplement, which the appellant would need to complete and submit before MassHealth could determine whether he is eligible for CommonHealth.

The appellant did not dispute that his gross monthly income was \$3,915.54. He stated that he has become completely blind recently and is not able to fill out the forms without help. The appellant stated that he had asked MassHealth customer service for assistance with this, but was told they could not help. The MassHealth representative stated that the appellant may wish to talk to his primary care physician for assistance with filling out the disability supplement.

The appellant requested time after the hearing to submit the disability supplement. The record was left open until February 1, 2024 at which time the hearing officer emailed the MassHealth representative in order to determine whether the appellant submitted a disability supplement. The MassHealth representative emailed the hearing officer stating that he checked his workstation, and that no disability decision has been made. (Ex 5). The MassHealth representative wrote that this meant that either the Disability Evaluation Service is reviewing the form, or the appellant has not returned the form yet. (Id.).

Findings of Fact

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

1. The appellant has a household of one. (Testimony of the MassHealth representative).
2. The appellant is between the ages of ■ and ■. (Ex. 3).
3. The appellant is a United States Citizen. (Ex. 3).
4. The appellant started receiving MassHealth CarePlus on July 9, 2023. (Ex. 3).
5. Prior to MassHealth issuing the notice under appeal, the appellant reported that he had gross monthly income of \$3,915.54. (Testimony of the MassHealth representative).
6. The appellant's income exceeds the limit for CarePlus for a household of one person. (Testimony of the MassHealth representative).
7. On November 21, 2023, MassHealth sent the appellant the notice under appeal. (Ex. 1).
8. The appellant's CarePlus ended on November 16, 2023. (Ex. 3).
9. The record was left open until February 1, 2024 to allow the appellant to submit a disability supplement, after which the hearing record closed. (Ex. 5).

Analysis and Conclusions of Law

MassHealth CarePlus provides MassHealth coverage¹ to adults 21 through 64 years old. (130 CMR 505.008(A)(1)). In addition to being an adult 21 through 64 years old, a person eligible for CarePlus must be a citizen² or a qualified noncitizen;³ have household modified adjusted gross income that is less than or equal to 133% of the federal poverty level (FPL); be ineligible for MassHealth Standard; use potential health insurance benefits and enroll in health insurance, if available at no greater cost to them than they would pay without access to health insurance;⁴ and not be enrolled in or eligible for Medicare Parts A or B. (130 CMR 505.008(A)(2)).

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

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.

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 \$3,915.54 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 \$3,854.79. 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 stated reasons, the appeal is DENIED.⁵

⁵ As discussed at the hearing, the appellant may be eligible for MassHealth CommonHealth. (See 130 CMR 505.004). In order to do so, MassHealth must determine if the appellant is disabled. (130 CMR 505.004(H)). Disability is established by certification of legal blindness by the Massachusetts Commission for the Blind (MCB); a determination of disability by the SSA; or a determination of disability by the Disability Evaluation Services (DES). (*Id.*). The appellant may initiate a DES disability determination by

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:

Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

completing and submitting a Disability Supplement.