

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400905
Decision Date:	4/9/2024	Hearing Date:	02/23/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dionne Wisdom, 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

Appeal Decision:	Denied	Issue:	Eligibility; Over Income; Under 65
Decision Date:	4/9/2024	Hearing Date:	02/23/2024
MassHealth's Rep.:	Dionne Wisdom	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	Aid Pending:	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 December 12, 2023, MassHealth determined appellant did not qualify for MassHealth benefits because MassHealth determined that his income was too high. (Ex. 1). The appellant filed this appeal in a timely manner on December 25, 2023. (130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined appellant is not eligible for MassHealth benefits because his income was too high.

Issue

The issue is whether MassHealth was correct in finding appellant was ineligible for benefits due to being over income.

Summary of Evidence

Appellant, acting pro se, and the MassHealth worker (worker) appeared via telephone at hearing and were sworn. Exhibits 1-4 were marked as evidence. Appellant is under age 65, and lives in a one person household. (Ex. 4; Testimony). On September 23, 2023, the appellant completed a renewal application by telephone. (Testimony). On December 12, 2023, MassHealth issued a notice denying the appellant's application due to the appellant exceeding the income limits. (Ex. 1). The appellant filed a timely notice of appeal on December 25, 2023. (Ex. 2). The appellant's household total gross monthly income is \$3,033.10 from employment. (Testimony). The income limit for MassHealth CarePlus under the 2023 Federal Guidelines is 133% of the federal poverty level, or \$1,616.00 a month for a household of 1.¹

Appellant testified he had submitted an application in an attempt to qualify for a disability. He stated he called the entity responsible for reviewing the application and they told him they were awaiting information from the doctors he had listed on his application.

Findings of Fact

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

1. Appellant is under age 65, and lives in a one person household and as of the date of the hearing there was no finding of appellant being disabled. Appellant had submitted a disability request form prior to the hearing. (Ex. 4; Testimony).
2. On September 23, 2023, the appellant completed a renewal application for MassHealth benefits by telephone. (Testimony).
3. On December 12, 2023, MassHealth issued a notice denying the appellant's application due to the appellant exceeding the income limits. (Ex. 1).
4. The appellant filed a timely notice of appeal on December 25, 2023. (Ex. 2).
5. The appellant's weekly income is \$700 equaling a household total gross monthly income of \$3,033.10 from employment. (Testimony).
6. The income limit for MassHealth CarePlus under the 2023 Federal Guidelines is 133% of the federal poverty level, or \$1,616.00 a month for a household of one.

Analysis and Conclusions of Law

¹ The income limit for MassHealth Standard under the 2024 Federal Guidelines, which went into effect on March 1, 2024, is 133% of the federal poverty level, or \$1,670.00 a month, for a household of 1.

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).

130 CMR 505.008: 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.

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.

130 CMR 506.007(A).

The appellant lives in a one person household and has a total gross monthly income of \$3,033.10. Five percentage points of the current federal poverty level for a family of one is \$151.00. Therefore, the appellant's countable income is \$2,882.10, (\$3,033.10 - \$151.00). 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.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765) or Health Safety Net to 877-910-2100. Appellant can also contact Disability Evaluation Services to inquire about the status of his adult disability supplement at 1-888-497-

9890.2100.

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.

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