

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402961
Decision Date:	05/21/2024	Hearing Date:	03/28/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Sherrienne Paiva, Taunton 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-Eligibility
Decision Date:	05/21/2024	Hearing Date:	03/28/2024
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	██████
Hearing Location:	Remote	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 February 5, 2024, MassHealth downgraded the appellant's benefits from MassHealth CarePlus to Health Safety Net after MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth CarePlus. *See* 130 CMR 505.008; Exhibit 1. The appellant's appeal was timely filed on February 27, 2023. *See* 130 CMR 610.015(B); Exhibit 2. Any MassHealth decision to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal before the Board of Hearings. *See* 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth downgraded the appellant's benefits from MassHealth CarePlus to the Health Safety Net.

Issue

Whether MassHealth was correct in downgrading the appellant's benefits in pursuant to 505.008(A)(2)(c) and 130 CMR 506.007(A).

Summary of Evidence

The following is a summary of the testimonies and evidence provided at the hearing:

The appellant appeared telephonically at the hearing and verified his identity. MassHealth was represented telephonically by a worker from the Taunton MassHealth Enrollment Center who testified that the appellant is an adult under the age of 65 who lives in a one-person household. The MassHealth representative stated that the appellant was previously eligible for MassHealth CarePlus. On February 5, 2024, the appellant filed an online application and verified his income of \$2,250.00 per month. This figure equated 180.19% of the federal poverty level for a household of one which exceeds the limit for MassHealth CarePlus. For this reason, MassHealth issued a denial notice on February 5, 2024. The MassHealth representative stated that the income limit to receive MassHealth CarePlus is 133% of the federal poverty level, or \$1,670.00 a month for a family of one. The MassHealth representative stated that the appellant may obtain health insurance through the Commonwealth Health Connector plan in combination with Health Safety Net coverage. Additionally, the MassHealth representative stated that the appellant may submit a new application with updated income information and family size while he has this appeal and aid pending.

The appellant initially confirmed his family size of one¹ and testified that three months ago he was involved in a motor vehicle accident. As result he had been unable to work as an Uber driver. He testified that his only source of income was from the PCA services he provided to his parents. He testified and provided biweekly paystubs for his PCA services to his parents. He said that he earns approximately \$285.00 biweekly for 15 hours of PCA services he provides to his father at the rate of \$19.00 per hour and that he earns approximately \$655.50 biweekly for 34.5 hours of PCA services he provides to his mother at the rate of \$19.00 per hour. The approximate total monthly income testified to by the appellant was \$2037.59. The appellant produced his 2023 tax return which listed his parents as dependents. See Exhibit 5. The appellant stated that he will submit a new application with paystubs to MassHealth for redetermination.

Findings of Fact

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

1. The appellant is under age 65 and most recently verified that he lives in a one-person household. Testimony.

¹ The appellant later said that he listed his parents as dependents on his 2023 tax return.

2. The appellant's verified income at the time of his renewal application was \$2,250.00. Testimony.
3. The appellant was previously approved for MassHealth CarePlus. Testimony.
4. On February 5, 2024, MassHealth received an online renewal application for benefits on the appellant's behalf. Testimony.
5. On the same day, MassHealth issued a notice downgrading the appellant's benefits from MassHealth CarePlus to the Health Safety Net due to the appellant's income exceeding the allowed threshold. Testimony, Exhibit 1.
6. The appellant filed a timely notice of appeal on February 27, 2024 . Exhibit 2.
7. At the hearing, the appellant verified his income by providing paystubs totaling \$2,037.59 per month. (\$655.50 plus \$285.00 biweekly). Testimony.
8. According to the Federal Poverty Guidelines, 133% of the federal poverty level is \$1,670.00 a month for a household of one. Testimony; Federal Poverty Guidelines.

Analysis and Conclusions of Law

Generally, MassHealth regulations at 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements *and* financial standards.

These coverage types set forth at 130 CMR 505.001(A) are as follows:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults², disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus - for adults 21 through 64 years of age who are not

² “[Y]oung adults” are defined as those aged 19 and 20. See 130 CMR 501.001.

eligible for MassHealth Standard;

(4) MassHealth Family Assistance - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;

(5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and

(6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

In this case, the appellant is over the age of 21 but under 65. He has not presented any evidence that he has any of the listed health conditions. Thus, as he does not belong to a category to qualify for MassHealth Standard, or CommonHealth, he meets the categorical requirements for MassHealth CarePlus. The question then becomes whether he meets the income requirements to qualify.

An individual between the ages of 21 and 64 who is categorically eligible for MassHealth CarePlus can only be financially eligible if “the individual’s modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” 130 CMR 505.008(A)(2)(c); <https://www.mass.gov/doc/2024-masshealth-income-standards-and-federal-poverty-guidelines>. To determine financial eligibility pursuant to 130 CMR 506.007(A), MassHealth must construct a household as described in 130 CMR 506.002(B) for each individual who is applying for or renewing coverage. MAGI household composition rules used to determine member eligibility are the following:

(1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of

(a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;

(b) the taxpayer’s spouse, if living with him or her regardless of filing status;

(c) all persons the taxpayer expects to claim as tax dependents; and

(d) if any individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

Here, the appellant testified and submitted his tax return for 2023 which listed his parents as dependents. See Exhibit 5. However, his renewal application with MassHealth reflected a household of one and the MassHealth worker testified accordingly.³ Thus, for the purposes of this appeal, the appellant meets the MAGI rules for a household of one.

Once the individual's household size is established, his MassHealth MAGI household income is determined in the following manner:

- (2)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).

In his renewal application, the appellant verified his income to be \$2,250.00. Based on this figure, MassHealth correctly determined the appellant's income to be over the threshold limit for MassHealth CarePlus. During the hearing, the appellant testified that three months ago he was involved in a motor vehicle accident and as result he can no longer work as an Uber driver. He testified that his only income is currently derived from the work he performs as a PCA for his parents at a reduced rate of 15 hours every two weeks for his father and 34.5 hours every two

³ Although the appellant provided credible evidence that his parents are a part of his MAGI household, he provided no evidence of their income. Thus, there is not sufficient evidence to make a finding of his eligibility based on him residing in a household of three. For that reason, this appeal limits its finding to the appellant's eligibility based on him residing in a household of one. The appellant may submit a new application for benefits reporting his parents as part of his household should he wish for them to be included in his eligibility determination.

weeks for his mother. He earns \$19.00 per hour for this work. The appellant's paystubs reflected gross biweekly income of \$285.00 for the PCA services provided to his father and \$655.50 for the PCA services provided to his mother. See Exhibit 6. The appellant's total monthly income is \$2,037.59.⁴ 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. See 130 CMR 506.007(A). For a household of one, 5 percentage points of the current Federal Poverty Level equals \$62.75 a month. Thus, deducting \$62.75 from the appellant's household income, equates \$1,947.84 per month. Based on current MassHealth Income Standards and Federal Poverty Guidelines, the income limit for MassHealth CarePlus is 133% of the FPL, or \$1,670.00 a month for a household of one. See chart at <https://www.mass.gov/doc/2024-masshealth-income-standards-and-federal-poverty-guidelines>. The appellant's updated income remains over the threshold limit for MassHealth CarePlus.

In conclusion, both the appellant's verified income at the time of his application and his updated income at the hearing exceed 133% of the federal poverty level which make the appellant not financially eligible for MassHealth CarePlus benefits.

For the foregoing reasons, MassHealth's action is upheld, and the appeal is DENIED.

Order for MassHealth

None, other than to 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.

Mariah Burns
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sherrienne Paiva, Taunton MassHealth Enrollment Center

⁴ In determining monthly income, MassHealth averages weekly income multiplied by 4.333. See 130 CMR 506.007(A).