

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2404663
<b>Decision Date:</b>	9/6/2024	<b>Hearing Date:</b>	05/03/2024
<b>Hearing Officer:</b>	Alexandra Shube	<b>Record Open to:</b>	07/26/2024

**Appearances for Appellant:**

*Via telephone:*



**Appearance for MassHealth:**

*Via telephone:*

Jessica Ramirez, Tewksbury 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility – Under 65; Income
<b>Decision Date:</b>	9/6/2024	<b>Hearing Date:</b>	05/03/2024
<b>MassHealth's Rep.:</b>	Jessica Ramirez	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Remote	<b>Aid Pending:</b>	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 March 13, 2024, MassHealth informed the appellant that he did not qualify for MassHealth benefits because he was over the allowable income limit (Exhibit 1). The appellant filed this appeal in a timely manner on March 25, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth informed the appellant that he did not qualify for MassHealth benefits because his income was too high.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant did not qualify for MassHealth benefits because his income was too high.

## Summary of Evidence

The MassHealth representative, the appellant, and his spouse all appeared at hearing via telephone. The MassHealth representative testified as follows: the appellant is an adult between the ages of 21 and 65 with a household size of two. On March 13, 2024, MassHealth informed the appellant that he did not qualify for MassHealth benefits because he was over the allowable income limit. The appellant reported a gross weekly income of \$1,000, or \$51,966 per year, which is 249.38% of the Federal Poverty Level (FPL). He reported a disability in his application, but it had not been verified at the time of hearing. The income limit to qualify for MassHealth benefits as a non-disabled adult under the age of 65 is 133% of the FPL, or \$27,192 gross annually (or \$2,266 gross monthly) for a household of two. The appellant is over the allowable income limit to qualify for MassHealth CarePlus benefits. As such, he was eligible for a Connector Care plan through the Health Connector.

The appellant's MassHealth CarePlus benefits, which he had been on since 2018 and which were protected during the Covid Public Health Emergency, terminated on March 3, 2024. He was placed on the Health Safety Net at that time, but his CarePlus benefits were reinstated on March 25, 2024 when he filed this appeal and are protected during the appeal process through aid pending. Previously, he had reported zero income, which made him eligible for MassHealth CarePlus benefits. Additionally, at one point he received MassHealth through the Department of Transitional Assistance.

The MassHealth representative explained that if the appellant submits a completed Adult Disability Supplement to Disability Evaluation Services (DES) and is determined disabled by DES, he may become eligible for MassHealth CommonHealth, which does not have an income limit.

The appellant and his wife testified that the household's gross annual income is \$48,000. The appellant has filled out the Disability Supplement and sent it to DES, but it was sent back to him because it was incomplete. He has already re-sent the completed form to DES and is waiting on the determination. He has a severe bleeding disorder (Hemophilia A) and no other health insurance. He has been on MassHealth for the last thirty years. He tried to file for disability years ago (around 2018 or 2019), but he was not determined disabled because of the job requirement and he was able to work certain jobs.

The MassHealth representative responded that \$48,000 gross annually would be an FPL of about 234%, which is still over the allowable limit.

The record in the appeal was held open until July 26, 2024 to allow time for the appellant to receive the disability determination from DES while his benefits were still protected through aid pending. The appellant was informed at hearing and in an email confirming the record open period, that if he did not hear from DES by July 26, 2024, he could email this hearing officer for an

extension. This hearing officer did not hear from the appellant or MassHealth by July 26, 2024. On August 15, 2024, this hearing officer got confirmation from MassHealth that on July 12, 2024, DES determined that the appellant was not disabled.

## **Findings of Fact**

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

1. The appellant, who is between the ages of 21 and 65, has a household size of two (Testimony and Exhibit 4).
2. On March 13, 2024, MassHealth notified the appellant that he was not eligible for MassHealth benefits because he was over the allowable income limit (Testimony and Exhibit 1).
3. At the time of the notice, the appellant had reported on his application that he had a disability, but it had not yet been verified (Testimony).
4. On March 25, 2024, the appellant filed a timely appeal (Exhibit 2).
5. The appellant's most recently verified gross annual income is \$51,996 per year, or 249.38% of the FPL (Testimony and Exhibit 1).
6. At hearing, the appellant testified that his gross annual income is \$48,000 per year, which is about 234% of the FPL (Testimony).
7. To qualify for MassHealth benefits, an applicant must be at or below 133% of the FPL, which, for a household of two, is \$27,192 gross annually (Testimony).
8. The appellant has severe hemophilia A and no other health insurance (Testimony).
9. The appellant was in the process of submitting the Adult Disability Supplement to DES and waiting on a disability determination (Testimony).
10. The appellant's MassHealth CarePlus benefits were protected by aid pending, effective March 25, 2024, throughout the appeal process (Testimony).
11. The appellant was granted a record open period until July 26, 2024 to allow him to maintain his MassHealth CarePlus coverage through aid pending while waiting for the DES determination (Testimony and Exhibit 5).

12. On July 12, 2024, DES determined that the appellant was not disabled (Exhibit 6).

## Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

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

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,<sup>1</sup> 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) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) 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) Small Business Employee Premium Assistance for adults or young adults who
  - (a) work for small employers;
  - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
  - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
  - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) 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
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries

Categorically, the appellant is eligible for CarePlus; however, under 130 CMR 505.008(A)(2)(c), the income limit for CarePlus coverage is 133% of the FPL. For a household of two, that limit is \$2,266 gross monthly or \$27,192 gross annually. The appellant's most recently verified gross annual income was \$51,996, or 249.38% of the FPL. At hearing, while not yet verified, the appellant

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

reported that his gross annual income was \$48,000, or 229.74% of the FPL, after five percentage points are deducted pursuant to 130 CMR 506.007(A)(3). Based on these figures, he is over the income limit for MassHealth CarePlus benefits.

The appellant has a severe bleeding disorder and his MassHealth CarePlus coverage was protected during the appeal process by aid pending. The appellant was granted a record open period until July 26, 2024 to allow him to maintain his coverage while waiting for the Disability Evaluation Services determination in hopes that he would be eligible for MassHealth CommonHealth. On July 12, 2024 DES determined that the appellant is not disabled.<sup>2</sup>

As the appellant is over the income limit for MassHealth benefits, the MassHealth determination in the March 13, 2024 notice was correct and the appeal is denied.<sup>3</sup>

## **Order for MassHealth**

None, other than 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957

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<sup>2</sup> Unfortunately, the determination by DES means he will not be eligible for MassHealth CommonHealth; however, neither the DES determination nor the MassHealth CommonHealth determination is part of this appeal. The appellant can direct any questions regarding the disability determination to the DES Help Line at 888-497-9890.

<sup>3</sup> The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765) or about the Health Safety Net to 877-910-2100.