

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2406249
Decision Date:	7/10/2024	Hearing Date:	05/24/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Berdine Viaud, Quincy 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:	Over Income; Under 65
Decision Date:	7/10/2024	Hearing Date:	05/24/2024
MassHealth's Rep.:	Berdine Viaud	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 March 27, 2024, MassHealth notified appellant that it would terminate his MassHealth CarePlus coverage effective April 10, 2024 because he was over income. (Testimony; Ex 1). The appellant filed this appeal in a timely manner on April 11, 2024. (Ex. 2). MassHealth's determination regarding scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated appellant's MassHealth benefits as of April 10, 2024 and approved him for a Health Connector Plan.

Issue

The appeal issue is whether MassHealth was correct in terminating appellant's CarePlus coverage due to being over income.

Summary of Evidence

Appellant and the MassHealth worker (worker) both appeared by phone and were sworn. The worker testified to the following: Appellant's monthly income is \$1,800 from social security and he is a household of 1. She stated appellant is not disabled. He was previously approved for MassHealth CarePlus but he is now over income for CarePlus. She stated appellant is over income for CarePlus. (Testimony). Appellant was instead approved for a Health Connector plan. (Ex. 1).

Appellant testified on his own behalf. He did not dispute his monthly income of \$1,800.00 a month from social security. He stated he is a home inspector and he is not getting any calls right now for home inspections.

Findings of Fact

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

1. Appellant's income is \$1,800.00 a month from social security. (Testimony).
2. Appellant is a household of 1 and under the age of [REDACTED] (Testimony; Ex. 4).
3. On March 27, 2024 MassHealth notified appellant that his MassHealth CarePlus would terminate effective April 10, 2024. He was approved for a Health Connector plan.
4. 133% of the federal poverty level is \$1,670.00 a month for a household of one. (130 CMR 505.008 (A)); 2024 MassHealth Income Standards and Federal Poverty Guidelines). Appellant is eligible for the Health Connector. (Testimony).
5. Appellant does not have a disability. (Testimony).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." [REDACTED]

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 [REDACTED] through [REDACTED] 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 ■ through ■ 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.

130 CMR 505.008(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. 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.

The appellant lives in a one-person household and has total gross monthly income of \$1,800.00. Five percentage points of the current federal poverty level for a family of one is \$62.75 and thus the appellant's countable income is \$1,737.25, (\$1,800 - \$62.75). The income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$1,670.00 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.

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: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171