

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2406345
Decision Date:	07/12/2024	Hearing Date:	05/21/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Glory DeJesus (Springfield 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:	Community Eligibility – Under 65 - Income
Decision Date:	07/12/2024	Hearing Date:	05/21/2024
MassHealth's Rep.:	Glory DeJesus	Appellant's Rep.:	██████
Hearing Location:	Springfield MassHealth Enrollment Center	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 February 28, 2024, MassHealth informed the appellant that starting on January 17, 2024 she was eligible for Health Safety Net (HSN) but did not qualify for a MassHealth benefit because her income exceeds the limit for MassHealth programs. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on April 22, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for a MassHealth benefit because her income exceeds MassHealth limits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007, in determining that the appellant was not eligible for MassHealth because her income exceeds MassHealth limits.

Summary of Evidence

An eligibility worker from the Springfield MassHealth Enrollment Center (MEC) (the MassHealth representative) and the appellant both attended the hearing by telephone.

The MassHealth representative testified first and stated the following. The appellant is under the age of 65 years old. (Testimony). The appellant is currently living in a household of one. (Testimony). On January 17, 2024, the appellant reported her income and household composition to MassHealth. (Testimony). She told MassHealth that her income was from employment and that she earned \$1,239.48 every two weeks or \$2,685.95 per month. (Testimony). She also informed MassHealth that while she resides with her three minor children, she did not claim them as her tax dependents. (Testimony). For that reason, they were not counted as part of her household for the purposes of determining her eligibility. (Testimony). Based on her household size of one, the appellant's income was equal to 209.02% of the federal poverty level (FPL), which was over the income limit for MassHealth CarePlus coverage. (Testimony; Ex. 1). MassHealth then issued the notice under appeal. (Testimony; Ex. 1). The appellant is eligible for coverage through the Massachusetts Health Connector. (Testimony). The appellant previously received CarePlus from December 6, 2021 through January 18, 2024. (Testimony; Ex. 3).

The appellant explained that she has physical custody but shares legal custody of her three children with her ex-partner. (Testimony). The appellant stated that her ex-partner claimed the children as his dependents on his taxes this year. (Testimony). This was something that her ex-partner had done in the past and it had never previously affected her eligibility for MassHealth. (Testimony). The appellant expressed frustration over the high cost of the Health Connector's premiums, which were quoted at \$320 per month. (Testimony). The appellant also stated that it was extremely expensive to live in Massachusetts. (Testimony). She emphasized her need for continued medical coverage. (Testimony). The appellant's medical conditions, which include asthma, ADHD, and recent surgery due to carpal tunnel syndrome, have affected her ability to work full-time. (Testimony).

Findings of Fact

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

1. The appellant received CarePlus from December 6, 2021 through January 18, 2024. (Testimony; Ex. 3).
2. The appellant is under the age of 65 years old. (Testimony).
3. The appellant is currently living in a household of one. (Testimony).
4. On January 17, 2024, the appellant reported her income and household composition to MassHealth. (Testimony).

5. She reported that her income is from employment and that she earns \$1,239.48 every two weeks. (Testimony).
6. She also reported that while she resides with her three minor children, she did not claim them as her tax dependents and for that reason, they were not counted as part of her household for the purposes of determining her eligibility. (Testimony).
7. The appellant is eligible for coverage through the Massachusetts Health Connector. (Testimony).

Analysis and Conclusions of Law

MassHealth CarePlus provides coverage for adults aged 21 to 64, with specific eligibility criteria detailed in 130 CMR 505.008. To qualify for MassHealth CarePlus Direct Coverage, individuals must: be aged 21-64, be a U.S. citizen or qualified noncitizen, have a household income not exceeding 133% of the federal poverty level, be ineligible for MassHealth Standard, must use potential health insurance benefits and must enroll in health insurance, if available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by MassHealth in accordance with 130 CMR 505.008(D) or 130 CMR 506.012. (130 CMR 505.008(A),(C)).

Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules is determined by comparing the sum of all countable income less deductions for the individual's household with the applicable income standard for the specific coverage type. (130 CMR 506.007(A)). MassHealth will construct a household 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. (130 CMR 506.007(A)(1)).

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 household. Income of all the household members forms the basis for establishing an individual's eligibility. (130 CMR 506.007(A)(2)).

A household's countable income is the sum of the gross 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. (130 CMR 506.007(A)(2)(a)). Countable income includes earned income (described below) and unearned income (not applicable in this appeal) less deductions. (130 CMR 506.007(A)(2)(b)). Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. (130 CMR 506.003(A)(1)). Earned income may include wages, salaries, tips, commissions, and bonuses. (Id.).

In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. ((130 CMR 506.007(A)(2)(c)). Once MassHealth determines a household's countable

income, it then determines what percentage of the federal poverty level that income is and subtracts five percentage points from that number. (130 CMR 506.007(A)(3)). This adjusted income is then compared to the federal poverty level to determine the individual's eligibility. (Id.).

The appellant meets the categorical criteria for MassHealth CarePlus. The income limit for CarePlus for a household of one is \$1,255 per month, which is equal to 133% of the FPL for that household size. The GMI for the appellant's household is \$2,685.95, which is 214.02% of the FPL for a household of one. After deducting five percentage points from this raw figure, the appellant's countable income is equal to 209.02% of the FPL. Unfortunately, since this countable income exceeds 133% of the FPL, the appellant does not qualify financially for CarePlus.

For that reason, 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104