

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407490
Decision Date:	7/1/2024	Hearing Date:	06/28/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Shanell Santiago (Tewksbury MEC) *via*
telephone

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:	Under 65/Income
Decision Date:	7/1/2024	Hearing Date:	06/28/2024
MassHealth's Rep.:	Shanell Santiago	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury 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 May 8, 2024, MassHealth informed the appellant that she was eligible for the Health Safety Net (HSN) starting on May 9, 2024, but was not eligible for MassHealth benefits because she was over the income limit for her household size. (See 130 CMR 505.008 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on May 8, 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 the appellant was not eligible for MassHealth because her income was too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008, in determining that the appellant's income was too high to receive MassHealth benefits.

Summary of Evidence

An eligibility worker from the Tewksbury MassHealth Enrollment Center and the appellant both attended the hearing by telephone. At the appellant's request, the Board of Hearings provided an interpreter.

The MassHealth representative testified to the following. On May 8, 2024, the appellant reported a change of address, which prompted MassHealth to issue the notice under appeal. (Testimony; Ex. 1). On May 15, 2024, the appellant also completed a telephone application. (Testimony). There were no changes to the household information from the previous year. (Testimony). The appellant is under the age of ■ years old and lives in a household of three consisting of the appellant, and her two sons who are both over the age of ■ years old. (Testimony; Ex. 3). The household's gross monthly income (GMI) consists of \$3,382.47 from the appellant's employment. (Testimony). The appellant's sons do not receive any income. (Testimony). The appellant's household income was equal to 152.20% of the federal poverty level (FPL), which is over the income limit of 133% for MassHealth CarePlus. (Testimony). The MassHealth representative confirmed that no one in the household has a disability determination. (Testimony).

The appellant confirmed that her GMI is \$3,382.47 from her employment. (Testimony). The appellant stated that her monthly rent was \$2,500 and that she had other expenses. (Testimony). She confirmed that her sons do not receive income and are in school and working hard to make their lives better. (Testimony). She stated that she understands that she was not eligible for MassHealth but still wanted an explanation in writing. (Testimony). The appellant stated that she is working with someone who is helping her apply for a plan through the Massachusetts Health Connector. (Testimony).

Findings of Fact

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

1. On May 8, 2024 the appellant reported a change of address, which prompted MassHealth to issue the notice under appeal. (Testimony; Ex. 1).
2. On May 15, 2024, the appellant also completed a telephone application. (Testimony).
3. There were no changes to the household information from the previous year. (Testimony).
4. The appellant is under the age of ■ years old and lives in a household of three consisting of the appellant, and her two sons who are both over the age of ■ years old. (Testimony; Ex. 3).
5. The household's GMI consists of \$3,382.47 from the appellant's employment. (Testimony).

6. The appellant's sons do not receive any income. (Testimony).
7. The appellant's household income is equal to 152.20% of the federal poverty level (FPL), which is over the MassHealth income limit of 133%. (Testimony).
8. No one in the household has a disability determination. (Testimony).

Analysis and Conclusions of Law

MassHealth CarePlus provides coverage for adults aged [REDACTED] with specific eligibility criteria detailed in 130 CMR 505.008. To qualify for MassHealth CarePlus Direct Coverage, individuals must: be aged [REDACTED] 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, utilize available health insurance benefits or enroll if no cost or purchased by MassHealth, and not be enrolled in Medicare Parts A or B. (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 506.006(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 deductions¹. (130 CMR 506.007(A)(2)(b)). Earned income is the total amount of taxable

¹ Neither the MassHealth representative nor the appellant stated that any deductions were applicable here but they are described in 130 CMR 506.003(D) and are as follows: student loan interest; educator expenses; reservist/performance artist/fee-based government official expenses; health savings account; moving expenses, for the amount and populations allowed under federal law; one-half self-employment tax; self-employment retirement account; penalty on early withdrawal of savings; alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018 (those finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible); individual retirement account (IRA); scholarships, awards, or fellowships used solely for educational purposes; student loan interest; and other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

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 three is \$2,862 per month, which is equal to 133% of the FPL for that household size. The GMI for the appellant's household is \$3,382.47, which is 157.2% of the FPL for a household of three. After deducting five percentage points from this raw figure, the appellant's countable income is equal to 152.2% 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

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