

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2408996
<b>Decision Date:</b>	8/29/2024	<b>Hearing Date:</b>	07/18/2024
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Monica Ramirez, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Over Income; Under 65
<b>Decision Date:</b>	8/29/2024	<b>Hearing Date:</b>	07/18/2024
<b>MassHealth's Rep.:</b>	Monica Ramirez	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (video)	<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 June 6, 2024, MassHealth downgraded appellant's health coverage because she was over income. (Ex 1). The appellant filed this appeal in a timely manner on June 6, 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 changed appellant's health benefits from MassHealth CarePlus to Health Safety Net.

### Issue

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

### Summary of Evidence

Appellant and the MassHealth worker (worker) appeared at virtual hearing via Teams video. The worker testified to the following: She spoke to appellant over the phone about a week before the hearing. Appellant is self-employed and has an income of \$3,456.58 a month and is a household of 1. Appellant previously had MassHealth CarePlus but now has Health Safety Net for a limited time (Ex. 1) and qualifies for the Health Connector. The worker stated that appellant received a deduction for a self-employment tax in the amount of \$2,931 a year. The worker stated that appellant cannot make more than 133% of the Federal Poverty Level which is \$1,670 a month for a household of 1. (Testimony). Appellant is under the age of [REDACTED] (Ex. 5)

Appellant had no questions for the worker. She testified that she was grateful for all MassHealth has done. She testified that it was very hard for her to understand why she did not qualify for benefits. She stated she could not afford a plan on the Health Connector. She stated that she was also concerned she may lose access to her medications if she lost her MassHealth coverage.

## Findings of Fact

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

1. Appellant is self-employed and has an income of \$3,456.58 a month. (Testimony).
2. Appellant is a household of 1 and under the age of [REDACTED] (Testimony; Ex. 5).
3. Appellant previously had MassHealth CarePlus as a benefit. (Testimony).
4. Appellant received a deduction for a one-half self-employment tax in the amount of \$2,931 a year. (Testimony; 130 CMR 506.003(D)(5)).
5. 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).
6. At the time of the hearing, appellant has not been deemed disabled by MassHealth. (Testimony).

## Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

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

- (1) MassHealth Standard – for people who are pregnant, 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 (DMH) 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 [REDACTED] years of age who are not 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, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, 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.

The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition*. 130 CMR 505.001(B).

At issue in this case is MassHealth's determination that appellant is not eligible for MassHealth benefits. As of the hearing date, the appellant did not meet any of the categorical requirements for MassHealth Standard or CommonHealth eligibility. She is therefore not currently eligible for either of these coverage types.

MassHealth also determined that appellant is not eligible for MassHealth CarePlus, her previous

---

<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged [REDACTED]

coverage type. The categorical requirements and financial standards for CarePlus are set forth at 130 CMR 505.008(A)(2), as follows:

- (a) The individual is an adult [REDACTED] years old.
- (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% 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

MassHealth did not dispute that the appellant meets the categorical requirements for MassHealth CarePlus, but it determined that her income exceeds the allowable limit of 133% of the federal poverty level. The procedures for calculating financial eligibility for both MassHealth MAGI and MassHealth Disabled Adult households are set forth at 130 CMR 506.007:

- (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 in 130 CMR 506.002 with the applicable income standard for the specific coverage type.
  - (1) The MassHealth agency will construct a household as described in 130 CMR 506.002 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.
  - (2) 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 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(M).
    - (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.

Under 130 CMR 506.002(B)(1), the MassHealth MAGI household for a taxpayer not claimed as a tax dependent consists of:

- (a) the taxpayer, including their spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
- (b) the taxpayer's spouse, if living with them 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.

Under these rules, appellant – who is a single tax filer and has no tax dependents – has a MassHealth MAGI household of 1, consisting of herself. Appellant verified monthly household income of \$3,456.58.<sup>2</sup> This figure is more than the maximum monthly income for a household of 1, even with the five-percentage-point deduction set forth in 130 CMR 506.007(A)(3).<sup>3</sup> Accordingly, MassHealth's determination that the appellant is not financially eligible for MassHealth CarePlus was correct.

This appeal is denied.

## Order for MassHealth

Remove aid pending.

---

<sup>2</sup> The MassHealth worker testified appellant was credited with a deduction listed at 130 CMR 506.003(D)(5), one-half self-employment tax, in the amount of \$2,931 a year. The worker did not specify whether this figure is the full amount of tax or only half. Regardless of what figure was used, appellant would still be over income.

<sup>3</sup> As set forth above, that section provides that “[f]ive 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.” Five percentage points of the current FPL (\$1,255 per month for a household of 1) is \$62.75 per month.

## 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

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