

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409043
Decision Date:	8/29/2024	Hearing Date:	07/12/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Nicole Veras, Tewksbury 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:	Eligibility; Over Income; Under 65
Decision Date:	8/29/2024	Hearing Date:	07/12/2024
MassHealth's Rep.:	Nicole Veras	Appellant's Rep.:	Pro se
Hearing Location:	Teams Video	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 27, 2024 MassHealth terminated the appellant's MassHealth benefits because MassHealth determined his income is too high. (EX. 1). The appellant filed this appeal in a timely manner on June 6, 2024. (Ex. 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined appellant is not eligible for MassHealth because his income was too high.

Issue

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

Summary of Evidence

The MassHealth worker (worker) and appellant appeared via a Teams video. The hearing commenced, parties were sworn and evidence was marked. The worker stated the appellant was

previously found eligible for MassHealth CarePlus. As part of an eligibility review, MassHealth received proof of income via a pay stub provided by appellant on May 27, 2024. She stated appellant has an income from employment totaling \$4,590.75 a month. The worker stated appellant cannot make more than 133% of the Federal Poverty Level which is \$1,670 a month for a household of 1. Records indicate he is under the age of [REDACTED] (Ex. 4). The worker stated there is currently no indication of a disability and there are no regulatory deductions applicable to appellant. On May 28, 2024, MassHealth notified the appellant that his CarePlus coverage would terminate as of June 30, 2024. (Testimony).

Appellant testified the income figures stated by the worker sounded correct. He testified that he filled out a "big packet" regarding a disability and mailed it back. He stated about a month later he received a denial letter. He testified the main reason he appealed is because he cannot afford a plan through the Connector Care.

Findings of Fact

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

1. Appellant, who is under the age of [REDACTED] was previously eligible for MassHealth CarePlus. (Testimony; Ex. 4).
2. Appellant updated his income with MassHealth with a pay stub in May 2024. (Testimony).
3. Appellant's income is \$4,590.75 a month from employment. (Testimony).
4. Appellant is in a household of 1. (Testimony).
5. 133% of the federal poverty level is \$1,670 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 Connector Care. (Testimony).
6. Appellant does not have a verified disability. (Testimony).
7. On May 28, 2024, MassHealth notified the appellant that it would terminate his CarePlus coverage as of June 30, 2024.

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).

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 adults¹, 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 the 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, as he has not been determined disabled. He is therefore not currently eligible for either of these coverage types.

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

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

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 his 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 has no tax dependents, has a MassHealth MAGI household of one, consisting of himself. Appellant verified monthly household income of \$4,590.75 from his employment.² This figure is approximately 360.80% of the federal poverty level for a household of 1, substantially over the income limit of 133% FPL even with the five-percentage-point deduction set forth in 130 CMR 506.007(A)(3).³ Accordingly, MassHealth's determination that appellant is not financially eligible for MassHealth CarePlus was correct.

This appeal is denied.

Order for MassHealth

² There is no evidence that any of the income deductions listed at 130 CMR 506.003(D) apply to the appellant's case. These deductions, which are subject to changes in federal law, are set forth as follows: (1) educator expenses; (2) reservist/performance artist/fee-based government official expenses; (3) health savings account; (4) moving expenses, for the amount and populations allowed under federal law; (5) one-half self-employment tax; (6) self-employment retirement account; (7) penalty on early withdrawal of savings; (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before [REDACTED] Alimony payments under separation or divorce agreements finalized after [REDACTED] or pre-existing agreements modified after [REDACTED] are not deductible; (9) individual retirement account (IRA); (10) student loan interest; (11) scholarships, awards, or fellowships used solely for educational purposes; and (12) 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.

³ 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.

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

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290