

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409099
Decision Date:	8/8/2024	Hearing Date:	07/16/2024
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Michelle Carvalho, Taunton MassHealth
Enrollment Center



*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; Under [REDACTED]; Income
Decision Date:	8/8/2024	Hearing Date:	07/16/2024
MassHealth's Rep.:	Michelle Carvalho	Appellant's Rep.:	Pro se
Hearing Location:	Board of Hearings, Remote	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 5/14/24, MassHealth notified Appellant that he did not qualify for MassHealth benefits because his income exceeded program limits. See Exhibit 1. Appellant timely appealed the notice on 5/22/24. See Exh. 2. Denial and/or termination of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth notified Appellant that he did not qualify for MassHealth benefits because his income exceeded the program limit.

Issue

The appeal issue is whether MassHealth correctly determined Appellant was not eligible for benefits because his income exceeded the program limit.

Summary of Evidence

A MassHealth eligibility representative appeared at the hearing and testified as follows: Appellant is an adult male under the age of [REDACTED]. Appellant was previously enrolled in a MassHealth CarePlus benefit, which remained in a protected status throughout the federal Covid-19 public health emergency (PHE) mandates. Once the PHE protections lifted in April of 2023, MassHealth returned to its use of applying traditional eligibility rules and regulations. Appellant's CarePlus benefit ended on 2/22/24. In May of 2024, Appellant's case was updated to reflect income of \$1,750 per-month in social security benefits and changes to his household composition which put him in a household size of one (1). Because he only collects social security, he does not file taxes. The updates prompted MassHealth to issue a notice, dated 5/14/24, informing Appellant that he did not qualify for MassHealth benefits because his income exceeded the program limit. See Exh. 1. According to the notice, Appellant's income placed him at 134.44% of the federal poverty level (FPL). To be eligible for MassHealth CarePlus, the individual must be at or below 133% of the FPL. For 2024, the monthly income of an individual in a household size of one receiving 133% of the FPL is \$1,670.00. Because his income exceeds this amount, Appellant does not qualify for MassHealth benefits.

The MassHealth representative explained that Appellant is eligible for a health plan through the Health Connector with Health Safety Net. Following the 5/14/24 notice, Appellant indicated that he has a disability. MassHealth sent Appellant a Disability Evaluation Services (DES) Supplement; . If he is deemed disabled by MassHealth, Appellant would qualify for another MassHealth program called CommonHealth.

At the hearing, Appellant testified that when he initially looked into Health Connector, he was quoted a monthly premium of \$550. He later secured a health insurance plan that costs him \$350 per month, but he cannot sustain this payment along with rent, food, gas, and other expenses. Appellant is a veteran and was a firefighter. He lost all hearing in his right ear. This prevents him from maintain employment. He is currently unemployed and began collecting Social Security early. He confirmed the amount he currently receives is \$1,750 per-month.

Next, the parties reviewed the various deductions that MassHealth considers when determining modified adjusted gross income, including payments related to alimony, IRAs, or student loan interest payments. Appellant testified he did not have any such expenses. The MassHealth representative noted that typically, MassHealth will account for these deductions when they are reflected on the applicant's federal tax returns. Because Appellant does not file taxes, MassHealth did not have evidence that Appellant would qualify for any deductions to otherwise reduce his countable income.

Findings of Fact

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

1. Appellant is an adult male under the age of [REDACTED] and lives in a household size of one (1) in the community.
2. Appellant previously had a MassHealth CarePlus benefit, which ended on 2/22/24.
3. After his MassHealth benefit ended, Appellant enrolled in a health insurance plan with a \$350 monthly premium, which has been a financial burden given his other living expenses.
4. In May 2024, MassHealth received updated income information showing that Appellant receives social security income of \$1,750 per-month.
5. Through a notice dated 5/14/24, MassHealth informed Appellant that he did not qualify for MassHealth benefits because his income exceeded the program limit.
6. Appellant's income and household size places him at 134.44% of the FPL.
7. Appellant is a veteran and former firefighter and is in the process of completing a MassHealth adult disability supplement.
8. As of the hearing date, Appellant did not have a verified disability on file.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant did not qualify for MassHealth benefits because his income exceeded the program limit. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);

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

(2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

(3) CarePlus for adults [REDACTED] through [REDACTED] years of age who are not eligible for MassHealth Standard;

(4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;

(5) Small Business Employee Premium Assistance for adults or young adults

(6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: Immigrants; and

(7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

See 130 CMR 505.001(A)

To qualify for one of the enumerated coverage types listed above, applicants must meet both the categorical *and* financial requirements. Here, Appellant is categorically eligible for MassHealth CarePlus as he is between the ages of [REDACTED] and does not qualify for MassHealth Standard.² To be financially eligible for CarePlus, Appellant must have a modified adjusted gross income that is less than or equal to 133% of the FPL. See 130 CMR 505.008(A)(2)(c). For a household size of one (1), that limit is \$1,670 per-month. See 2024 MassHealth Income Standards & Federal Poverty Guidelines. Countable household income includes both earned and unearned income, as described in 130 CMR 506.003(A)-(B), less deductions described in 130 CMR 506.003(D). See 130 CMR 506.003. Examples of countable unearned income include social security benefits, pensions, annuities, and interest and dividend income. See 130 CMR 506.003(B).

Here, it is undisputed that Appellant receives \$1,750 per-month in social security benefits. As there is no evidence that Appellant qualifies for any of the allowable deductions identified in 130 CMR 506.003(D),³ his full social security benefit must be counted under MassHealth financial eligibility requirements. Because Appellant's monthly income exceeds 133% of the FPL, MassHealth appropriately determined that he did not qualify for MassHealth benefits.

² There is no evidence that Appellant is categorically eligible for any of the other coverage types listed in 130 CMR 505.001(A), above. Appellant testified that he was in the process of completing a DES supplement. MassHealth testified that as of the hearing date, no disability determination had been rendered. Appellant would only become categorically eligible for Standard or CommonHealth once a disability is verified by UMass Disability Evaluation Services or the Social Security Administration.

³ Examples of the listed deductions include educator expenses, health savings account, alimony, student loan interest, individual retirement account, scholarships and awards, among other sources. See 130 CMR 506.003(D).

Appellant did not meet his burden in proving that MassHealth erred in rendering its 5/14/24 eligibility determination.

For these reasons, this 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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780