

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2410908
<b>Decision Date:</b>	10/04/2024	<b>Hearing Date:</b>	08/15/2024
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Katie Burgess (Taunton 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Under 65/Income
<b>Decision Date:</b>	10/04/2024	<b>Hearing Date:</b>	08/15/2024
<b>MassHealth's Rep.:</b>	Katie Burgess	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center	<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 7, 2024, MassHealth informed the appellant that starting on May 28, 2024 he was eligible for Health Safety Net (HSN) but did not qualify for a MassHealth benefit because his income exceeded the income limit for MassHealth coverage. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on July 9, 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 his income exceeded the income limit to qualify for MassHealth coverage.

### 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 his income exceeded the income limit to qualify for MassHealth coverage.

## Summary of Evidence

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

The MassHealth representative testified to the following. The appellant is an individual under the age of 65 living in a household of one and is a tax filer. (Testimony; Ex. 3). The appellant was previously eligible for MassHealth CarePlus, which was upgraded to MassHealth Standard because the appellant reported being medically frail. (Testimony; Ex. 3).

On June 7, 2024, MassHealth processed the appellant's renewal application. (Testimony). The appellant reported receiving earned income of \$833.60 per week. (Testimony). The appellant's gross monthly income (GMI) was therefore calculated to be \$3,611.99. (Testimony). The appellant's income placed him at 282.80% of the federal poverty level (FPL) for his household size. (Testimony). The appellant previously had reported no income. (Testimony). In order to be eligible for CarePlus, an individual's GMI cannot exceed \$1,670, which is 133% of the FPL for a household of one. (Testimony).

The MassHealth representative testified that because he reported being medically frail, he may be eligible for MassHealth CommonHealth. (Testimony). In order to be eligible for CommonHealth, the appellant would need to complete and submit an Adult Disability Supplement to the Disability Evaluation Service (DES), which could then make a disability determination. (Testimony). The MassHealth representative stated that she has mailed the appellant the disability supplement but since the disability supplement is submitted directly to DES, she did not know whether the appellant sent the completed supplement to DES. (Testimony). In the meantime, the appellant is eligible for a ConnectorCare Plan with Advanced Premium Tax Credit. (Testimony).

The appellant testified to the following. The appellant did not dispute that he reported receiving \$833.60 per week of earned income. (Testimony). The appellant did not recall receiving the disability supplement. (Testimony). The appellant stated that he was confused as to why MassHealth had ended his coverage. (Testimony). The appellant had provided evidence of his medical conditions when he upgraded his coverage because of his frail condition. (Testimony). The appellant's underlying conditions had not changed and had not gotten better. (Testimony).

The MassHealth representative informed the appellant that the termination was not the result of a change concerning his medical condition. (Testimony). Eligibility for MassHealth coverage is still dependent on the household's GMI, even when a member has reported a medical condition that makes him eligible for the upgrade to MassHealth Standard. (Testimony). She explained that CommonHealth works differently in that it does not consider the member's income, but does require that DES make a disability determination before eligibility can be established. (Testimony). The MassHealth representative said she would mail the appellant another Adult Disability Supplement. (Testimony). The appellant stated he would complete and submit the disability supplement. (Testimony).

## Findings of Fact

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

1. The appellant is an individual under the age of 65 living in a household of one and is a tax filer. (Testimony; Ex. 3).
2. The appellant was previously eligible for MassHealth CarePlus, which was upgraded to MassHealth Standard because the appellant reports being medically frail. (Testimony; Ex. 3).
3. On June 7, 2024, MassHealth processed the appellant's renewal application. (Testimony).
4. The appellant reported receiving earned income of \$833.60 per week. (Testimony).
5. The appellant's GMI was therefore calculated to be \$3,611.99. (Testimony).
6. The appellant's income placed the appellant at 282.80% of the FPL for his household size. (Testimony).
7. The appellant previously had reported no income. (Testimony).
8. In order to be eligible for CarePlus, an individual's GMI cannot exceed \$1,670, which is 133% of the FPL for a household of one. (Testimony).

## Analysis and Conclusions of Law

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.).

MassHealth CarePlus offers coverage to adults aged 21 to 64, with eligibility criteria specified in 130 CMR 505.008. To qualify for MassHealth CarePlus Direct Coverage, individuals must be between 21 and 64 years old; 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, unless they are determined medically frail (details below); utilize available health insurance benefits or enroll in coverage at no cost or as purchased by MassHealth; and not be enrolled in Medicare Parts A or B. (130 CMR 505.008(A),(C)).

If an individual is determined to be medically frail and meets the eligibility criteria for MassHealth CarePlus, they may choose to receive MassHealth Standard benefits at any time. (130 CMR 505.008(F)). To be considered medically frail, an individual must have a disabling mental disorder; a chronic substance use disorder; a serious and complex medical condition; a physical, intellectual, or developmental disability that significantly impairs their ability to perform daily activities; or a disability determination based on Social Security criteria. (Id.). A medically frail individual qualifies for MassHealth Standard if they are under 65, meet the definition of medically frail, have a modified adjusted gross income at or below 133% of the federal poverty level, are a citizen or qualified noncitizen, and have chosen to receive MassHealth Standard benefits after meeting the criteria for MassHealth CarePlus. (130 CMR 505.002(J)).

The appellant meets the categorical criteria for MassHealth CarePlus, as well as MassHealth Standard as a medically frail individual. The income limit for both CarePlus and MassHealth Standard is \$1,670 per month for a household of one, which is equal to 133% of the FPL for that household size. The appellant's GMI is \$3,611.99, which is 287.80% 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 282.80% of the FPL. Unfortunately, since this countable income exceeds 133% of the FPL, the appellant does not qualify financially for CarePlus or for MassHealth Standard as a medically frail individual.

For that reason, the appeal must be DENIED.

**Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.**

## 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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

Cc:

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