

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411148
Decision Date:	12/13/2024	Hearing Date:	08/23/2024
Hearing Officer:	Alexandra Shube	Record Open to:	10/21/2024

Appearance for Appellant:
Via Teams Videoconference:
Pro se

Appearance for MassHealth:
Via Teams Videoconference:
Asia Brown, Quincy MEC



*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; Eligibility; Over Income
Decision Date:	12/13/2024	Hearing Date:	08/23/2024
MassHealth's Rep.:	Asia Brown	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South Remote	Aid Pending:	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 July 16, 2024, MassHealth informed the appellant that she did not qualify for MassHealth benefits because she was over the allowable income limit (Exhibit 1). The appellant filed this appeal in a timely manner on July 17, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant that she did not qualify for MassHealth benefits because she was over the allowable income limit.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant did not qualify for MassHealth benefits because she was over the allowable income limit.

Summary of Evidence

The appellant and MassHealth representative both appeared at hearing via Teams videoconference. The MassHealth representative testified as follows: the appellant is an adult between the ages of 21 and 65 with a household size of one. On July 16, 2024, MassHealth informed the appellant that she did not qualify for MassHealth benefits because she was over the allowable income limit. The appellant reported gross annual income of \$50,967.84, which is 333.43% of the Federal Poverty Level (FPL). The income limit to qualify for MassHealth benefits as a non-disabled adult between the ages of 21 and 65 is 133% of the FPL, or \$20,040 gross annually for a household of one. As such, the appellant was over the allowable income limit, which prompted the July 16 notice under appeal.

Prior to hearing, the MassHealth representative called the appellant and verified her income and explained the income limit to qualify for MassHealth CarePlus. She also explained MassHealth CommonHealth which would require the appellant to submit the Adult Disability Supplement to Disability Evaluation Services (DES) to determine her disability status. The MassHealth representative reported that the appellant expressed interest in submitting the Adult Disability Supplement. Previously, the appellant had reported zero income and had been receiving MassHealth CarePlus benefits. Pursuant to the July 16 notice, those benefits would have terminated on August 31, 2024; however, the appellant has aid pending protecting her MassHealth CarePlus benefits during the appeal process. Because of aid pending, the appellant's benefits are currently active with no gap in coverage.

The appellant is in the process of weight loss surgery and she was recently medically cleared to go ahead with the surgery which is tentatively scheduled for November. She submitted the Adult Disability Supplement two days prior to hearing, after speaking with the MassHealth representative. Financially, she cannot afford the cost of health insurance. The Health Connector plans are over \$200 per month and her employer sponsored insurance plans are even more expensive. She cannot afford the co-pays and medications.

The record in the appeal was held open until October 21, 2024 to allow time for the appellant to receive the disability determination from DES while her benefits were still protected through aid pending. The appellant was advised to contact DES to ensure that it received a completed Supplement and request that it expedite the process, if possible. The appellant was also asked to keep MassHealth and this hearing officer updated on the disability determination. With aid pending in place, the appellant's benefits would remain active during the appeal process (until a decision issues).

By October 24, 2024, this hearing officer had not received an update on the disability determination and followed up with parties via email. The MassHealth representative reported that it appeared DES sent the Supplement back to the appellant in September due to the

Supplement being incomplete. As such, there was no DES determination. She provided the phone number to DES, but did not have access to any other information. The appellant did not respond to MassHealth's email or this hearing officer's response which directed her to DES and reminded her that aid pending would end once the decision issued.

Findings of Fact

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

1. On July 16, 2024, MassHealth notified the appellant that she was not eligible for MassHealth benefits because she was over the allowable income limit (Testimony and Exhibit 1).
2. On July 17, 2024, the appellant filed a timely appeal (Exhibit 2).
3. The appellant's most recently verified gross annual income is \$50,967.84, or 333.43% of the FPL (Testimony).
4. To qualify for MassHealth benefits as a non-disabled adult between the ages of 21 and 65, an applicant must be at or below 133% of the FPL, which for a household of one is \$20,040 gross annually (Testimony).
5. The appellant is in the process of weight loss surgery and recently submitted the Adult Disability Supplement to DES (Testimony).
6. The appellant's MassHealth CarePlus benefits were protected by aid pending throughout the appeal process (Testimony).
7. The appellant was granted a record open period until October 21, 2024 to allow her to maintain her MassHealth CarePlus coverage through aid pending while waiting for the DES determination (Testimony and Exhibit 5).
8. On October 24, 2024, the MassHealth representative informed the appellant and this hearing officer that there was no DES determination yet because DES had returned the Supplement in September due to it being incomplete (Exhibit 6).

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) 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);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults 21 through 64 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 who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (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

The calculation of financial eligibility is set forth in 130 CMR 506.007 as follows:

The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(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 at 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

¹ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

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(K).

(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.

(130 CMR 506.007(A)).

Categorically, the appellant is eligible for MassHealth CarePlus; however, under 130 CMR 505.008(A)(2)(c), the income limit for CarePlus coverage is 133% of the FPL. For a household of one, that limit is \$20,040 gross annually. The appellant's most recently verified gross annual income was \$50,967.84, or 338.43% of the FPL. After deducting five percentage points of the current FPL, the appellant's countable income is 333.43% of the FPL. Based on this figure, she is over the income limit for MassHealth CarePlus benefits.

The appellant is in the process of weight loss surgery and her MassHealth CarePlus coverage was protected during the appeal process by aid pending. She submitted the Adult Disability Supplement two days prior to hearing. She was granted a record open period until October 21, 2024 to allow her to maintain her coverage while waiting for the DES determination in hopes that she would be eligible for MassHealth CommonHealth. On October 24, 2024, MassHealth reported that there was no DES determination because DES returned the Supplement to the appellant in September for being incomplete. The appellant did not provide any other update.²

² Unfortunately, without a disability determination from DES, the appellant will not be eligible for MassHealth CommonHealth; however, any future determination regarding MassHealth CommonHealth eligibility and any determination or action by DES are outside the scope of this appeal. If she is determined disabled by DES, her MassHealth CommonHealth coverage should begin ten days prior to the date MassHealth received the completed

As the appellant is over the income limit for MassHealth benefits, the MassHealth determination in the July 16, 2024 notice was correct and the appeal is denied.³

Order for MassHealth

None, other than remove aid pending.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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

DES supplement and there would be no gap in coverage. The appellant can direct any questions regarding the disability determination to the DES Help Line at 888-497-9890.

³ The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765) or about the Health Safety Net to 877-910-2100.