

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411771
Decision Date:	10/15/2024	Hearing Date:	09/05/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Adriel Torres (Quincy 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

Appeal Decision:	Denied	Issue:	Community Under 65/Income
Decision Date:	10/15/2024	Hearing Date:	09/05/2024
MassHealth's Rep.:	Adriel Torres	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South	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 23, 2024, MassHealth informed the appellant that he would not continue receiving MassHealth CarePlus after August 31, 2024 because his income was too high. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant's authorized representative filed this appeal in a timely manner on July 30, 2024. (See 130 CMR 610.015(B) and Ex. 2). Termination 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

MassHealth was represented by a benefits eligibility representative from the Quincy MassHealth Enrollment Center (MEC) and the appellant was represented by his father, who he named as his representative. Both parties attended the hearing by telephone.

The MassHealth representative testified to the following. According to MassHealth records, the appellant resides with his father, but has his own separate household of one. (Testimony). The appellant is over the age of 21 years old. (Testimony; Ex. 3). The appellant is receiving CarePlus, and the income limit for that coverage is \$1,670 per month for a household of one, which is 133% of the federal poverty level (FPL). (Testimony; Ex. 3). The appellant's reported earned income is \$2,000, which he receives biweekly. (Testimony). The appellant's gross monthly income (GMI) is therefore \$4,000, or 313.73% of the FPL. (Testimony). In the notice dated July 23, 2024, MassHealth informed the appellant that his MassHealth coverage would end on August 31, 2024 because his reported income exceeded the income limit to continue receiving CarePlus. (Testimony; Ex. 1).

The appellant's representative testified to the following. The appellant is actually married and currently resides with his spouse and not with the appellant's representative. (Testimony). The appellant was presently attending the [REDACTED], and in order to complete his training the appellant needed to maintain his insurance coverage. (Testimony). Although the [REDACTED] did offer health insurance, assuming the appellant graduated from the academy, he would not be eligible to be insured with them until February at the earliest. (Testimony).

The MassHealth representative informed the appellant's representative that if the appellant is no longer living with the appellant's representative, he needed to report this change to MassHealth. (Testimony). The MassHealth representative also stated that the appellant needed to report that he is living with his spouse, because she needed to be added to the appellant's household. (Testimony). The MassHealth representative also informed the appellant's representative that the appellant may be eligible for coverage through the Massachusetts Health Connector if he is not eligible for MassHealth. (Testimony).

The appellant's representative stated that the appellant is not able to make calls to MassHealth while he is at the academy. (Testimony). Although the appellant returns home to his wife on the weekends, during business hours he does not have the ability to call to report changes or try to apply for other coverage. (Testimony). The appellant was scheduled to graduate from the academy on October 8. (Testimony).

Findings of Fact

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

1. The appellant is over the age of 21 years old. (Testimony; Ex. 3).
2. The appellant has a household of one. (Testimony).
3. The appellant has been a recipient of CarePlus. (Testimony; Ex. 3).
4. The income limit for that coverage is \$1,670 per month for a household of one, which is 133% of the FPL. (Testimony).
5. The appellant's GMI is \$4,000 or 313.73% of the FPL. (Testimony).
6. In the notice dated July 23, 2024, MassHealth informed the appellant that his MassHealth coverage would end on August 31, 2024 because his reported income exceeded the income limit to continue receiving CarePlus. (Testimony; Ex. 1).

Analysis and Conclusions of Law

MassHealth CarePlus provides coverage for adults aged 21 to 64, with specific eligibility criteria detailed in 130 CMR 505.008. To qualify for MassHealth CarePlus Direct Coverage, individuals must: be aged 21-64, 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, utilize available health insurance benefits or enroll if no cost or purchased by MassHealth, and not be enrolled in Medicare Parts A or B. (130 CMR 505.008(A),(C)).

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.).

The appellant meets the categorical criteria for MassHealth CarePlus. The income limit for CarePlus for a household of one is \$1,670 per month, which is equal to 133% of the FPL for that household size. The appellant's GMI is \$4,000, which is 318.73% 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 313.73% of the FPL. Unfortunately, since this countable income exceeds 133% of the FPL, the appellant does not currently qualify financially for CarePlus.

For that reason, the appeal is DENIED.

If the appellant is now married, he must submit updated information to MassHealth. The appellant's spouse's income would be countable in determining eligibility for MassHealth.

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

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc: [REDACTED]

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

