

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412256
Decision Date:	9/18/2024	Hearing Date:	09/10/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Ba'Ran Lewis (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:	Community Eligibility/Under 65/Income
Decision Date:	9/18/2024	Hearing Date:	09/10/2024
MassHealth's Rep.:	Ba'Ran Lewis	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	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 July 31, 2024, MassHealth informed the appellant that he was eligible for the Health Safety Net (HSN) starting on July 12, 2024, but was not eligible for MassHealth benefits because he was over the income limit for his household size. (See 130 CMR 505.008 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on August 8, 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 the appellant was not eligible for MassHealth because his income exceeded the income limit for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008 and 506.007, in determining that the appellant's income exceeded the income limit to be eligible to receive MassHealth benefits.

Summary of Evidence

An eligibility worker from the Quincy MassHealth Enrollment Center (MEC), and the appellant both attended the hearing in person.

The MassHealth representative testified to the following. The appellant is an individual under the age of ■ years old, who is living in a household of one. (Testimony; Ex. 3). The appellant had been receiving MassHealth CarePlus coverage since May 26, 2019. (Testimony; Ex. 3). On July 31, 2024, the appellant submitted a job update form and pay stubs to MassHealth. (Testimony). The appellant reported that he received \$158 every two weeks from employer one and \$344 per week from employer two. The appellant's gross monthly income (GMI) was therefore \$1,832.94, which is the equivalent of 141.05% of the federal poverty level (FPL) for a household of one. (Testimony). The income limit for a household of one to be eligible for CarePlus is \$1,670 per month, which is 133% of the FPL. (Testimony). The appellant is eligible for a Connector Care Plan Type 2B with an Advanced Premium Tax Credit. (Testimony; Ex. 3).

The appellant testified to the following. The appellant expressed several concerns regarding his MassHealth CarePlus coverage. (Testimony). The appellant stated that he has fluctuating income from his two jobs. (Testimony). Currently, he works 20 hours per week at a mall-based employer, but business has been slow, leading to reduced hours. (Testimony). To supplement his income, the appellant recently took a part-time job as a cleaner with another employer for five hours per week. (Testimony). The appellant mentioned that he has a disability, although he has not yet received a formal disability determination. (Testimony). He is actively working with a SHINE counselor and has submitted an Adult Disability Supplement to the Disability Evaluation Service to ensure that MassHealth is aware of his situation. (Testimony). The appellant also shared his personal history. (Testimony). He has a background as a case manager for 40 years, focusing on underserved populations. (Testimony). The appellant noted that he was formerly incarcerated and experienced homelessness for two years before finding permanent housing with assistance from a homeless shelter. (Testimony). He is now able to pay his own bills. (Testimony). He suffers from deep vein thrombosis and can only work if he takes breaks to sit every hour. (Testimony). The appellant expressed a strong desire to keep his current healthcare providers, fearing that switching to a plan through the Health Connector could jeopardize his access to the coumadin clinic, which he credits with saving his life due to the DVT clots. (Testimony). The appellant was hoping that MassHealth could make an exception and allow him to keep CarePlus while DES makes the disability determination. (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 ■ years old, who is living in a household of one. (Testimony; Ex. 3).

2. The appellant had been receiving MassHealth CarePlus coverage since May 26, 2019. (Testimony; Ex. 3).
3. On July 31, 2024, the appellant submitted a job update form and pay stubs to MassHealth. (Testimony).
4. The appellant reported that he received \$158 every two weeks from employer one and \$344 per week from employer two.
5. The appellant's GMI was therefore \$1,832.94, which is the equivalent of 141.05% of the FPL for a household of one. (Testimony).
6. The income limit for a household of one to be eligible for CarePlus is \$1,670 per month, which is 133% of the FPL. (Testimony).
7. The appellant is eligible for a Connector Care Plan Type 2B with an Advanced Premium Tax Credit and the HSN. (Testimony; Ex. 3).
8. The appellant reported that he has a disability and has submitted an Adult Disability Supplement to the Disability Evaluation Service. (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 506.006(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 deductions¹. (130 CMR 506.007(A)(2)(b)). Earned income is the total amount of taxable

¹ Neither the MassHealth representative nor the appellant stated that any deductions were applicable here but they are described in 130 CMR 506.003(D) and are as follows: student loan interest; educator expenses; reservist/performance artist/fee-based government official expenses; health savings account;

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 provides coverage for adults aged [REDACTED] with specific eligibility criteria detailed in 130 CMR 505.008. To qualify for MassHealth CarePlus Direct Coverage, individuals must: be aged [REDACTED] 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)).

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 \$1,832.94, which is 146.05% 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 141.05% of the FPL. Unfortunately, since this countable income exceeds 133% of the FPL, the appellant does not qualify financially for CarePlus.

For that reason, the appeal is 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.

moving expenses, for the amount and populations allowed under federal law; one-half self-employment tax; self-employment retirement account; penalty on early withdrawal of savings; alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018 (those finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible); individual retirement account (IRA); scholarships, awards, or fellowships used solely for educational purposes; student loan interest; and 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.

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:

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