

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412738
Decision Date:	12/13/2024	Hearing Date:	09/11/2024
Hearing Officer:	Marc Tonaszuck	Record Open to:	10/18/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Melanie Hebert



*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 65 Years of Age
Decision Date:	12/13/2024	Hearing Date:	09/11/2024
MassHealth's Rep.:	Melanie Hebert	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center	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 08/02/2024, MassHealth informed the appellant that it planned to terminate his MassHealth benefits on 09/30/2024 because he has more countable income than MassHealth benefits allow. MassHealth informed the appellant that he was eligible for Health Safety Net and a Health Connector Plan. (see 130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). The appellant filed this appeal in a timely manner on 08/16/2024. The appellant's MassHealth benefits were protected pending the outcome of this appeal (see 130 CMR 610.015(B) and Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

A fair hearing was held before the Board of Hearings on 09/11/2024. The appellant and the MassHealth representative both appeared in person. The appellant requested an opportunity to provide additional income information to MassHealth. His request was granted, and the record was held open until 10/11/2024 for the appellant's submission and until 10/18/2024 for MassHealth's response (Exhibit 4). The appellant and MassHealth both made submissions during the record open period (Exhibits 5 and 6).

Action Taken by MassHealth

MassHealth plans to terminate the appellant's MassHealth benefits because his income exceeds the program limits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits because his income exceeds the program limits.

Summary of Evidence

Exhibits 1-3 were admitted into evidence. The appellant appeared at the fair hearing in person, as did the MassHealth representative.

The MassHealth representative testified that the appellant is under 65 years of age, and he lives in the community. He is counted as a household of one person. The appellant was previously determined to be eligible for MassHealth CarePlus benefits, having been determined to be financially eligible with the family's countable income being below 133% of the federal poverty level for a household of one person.

On 07/03/2024, MassHealth sent to the appellant a job update form, requesting income and employment information. He returned the form to MassHealth with verification of gross income of \$500.00 per week. This equated to 167% of the federal poverty level (FPL). CarePlus benefits are provided for eligible members with income below 133% of the federal poverty level (\$1,670.00 per month for a single individual). Since the appellant's income exceeds 133% of the FPL, he is no longer eligible for MassHealth benefits. He has been referred to the Health Connector for a Connector Care program. He also has been approved for Health Safety Net for a limited time so that he can enroll in a Connector Care program.

The appellant testified that he was previously working at a candle factory, where he was injured and suffered the amputation of his thumb. He worked sporadically after that until he became employed at a restaurant, where he currently works. He asked to submit new paystubs to MassHealth. His request was granted, and the record remained open for his submission (Exhibit 4).

During the record open period, the appellant submitted paystubs to MassHealth, totaling \$2,781.20 per month gross. MassHealth accepted the paystubs and determined that the appellant is now at 221% of the FPL. The MassHealth representative testified that because the appellant's gross monthly income exceeds 133% of the FPL (\$1,670.00 per month gross), he is not eligible for MassHealth benefits.

Findings of Fact

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

1. Appellant is under 65 years of age and lives in the community. For the purposes of MassHealth eligibility, the appellant is a member of a household of one person (Testimony).
2. The appellant's gross monthly income is \$2,781.20 per month (Testimony).
3. 133% of the federal poverty level for a household of one is \$1,670.00 as of 03/2024.
4. On 08/02/2024, MassHealth informed the appellant that it planned to terminate his MassHealth benefits on 09/30/2024 because he has more countable income than MassHealth benefits allow (Exhibit 1).
5. MassHealth informed the appellant that he was eligible for Health Safety Net and a Health Connector Plan (Exhibit 1).
6. The appellant filed this appeal in a timely manner on 08/16/2024 (Exhibit 2).
7. The appellant's MassHealth benefits were protected pending the outcome of this appeal (Exhibit 2)
8. A fair hearing was held on 09/11/2024. All parties appeared in person (Exhibit 3).
9. The record remained open for submissions until 10/18/2024 (Exhibit 4).
10. During the record open period, the appellant provided verification of his income. His gross monthly income is equal to 221% of the FPL.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

(3) **MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;**

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

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

(6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) for certain Medicare beneficiaries.

Regulations at 130 CMR 505.008 address MassHealth CarePlus, as follows:

(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): MassHealth CarePlus and 130 CMR 508.000: MassHealth: Managed Care Requirements and must meet the following conditions.

(a) The individual is an adult 21 through 64 years old.

(b) The individual is a citizen, as described in 130 CMR 504.002: U.S. Citizens, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): Qualified Noncitizens.

(c) ***The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.***

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

(Emphasis added.)

MassHealth determined that the appellant is no longer eligible for MassHealth CarePlus benefits because the income he earns exceeds the guidelines for that benefit. MassHealth determined that the appellant's gross monthly income from employment is \$2,781.20, which is 221% of the FPL. He is counted as household of one person. In order to be income-eligible for MassHealth CarePlus benefits, the applicant's gross monthly income cannot be more than 133% of the FPL, or \$1,670.00. The appellant did not dispute that he is working or that the income MassHealth has on file is inaccurate. Accordingly, he has presented no information to show MassHealth's decision to downgrade his benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is therefore 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. Additionally, if his income or household size changes, he should contact MassHealth for a new determination of benefits.

Order for MassHealth

Release 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104