

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412761
Decision Date:	11/8/2024	Hearing Date:	09/23/2024
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
George Beals, Charlestown MassHealth
Enrollment Center



*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; Income
Decision Date:	11/8/2024	Hearing Date:	09/23/2024
MassHealth's Rep.:	George Beals	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Charlestown MassHealth Enrollment Center (In Person)	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 7/30/24, MassHealth notified Appellant that she did not qualify for MassHealth benefits because her income exceeded program limits. See Exhibit 1. Appellant timely appealed the notice on 8/16/24. See Exh. 2. Denial and/or termination of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth notified Appellant that she did not qualify for MassHealth benefits because her income exceeded the program limit.

Issue

The appeal issue is whether MassHealth correctly determined Appellant was not eligible for benefits because her income exceeded the program limit.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified as follows: Appellant is an adult under the age of 65. She is a tax filer and is in a household size of one (1). In July of 2024, Appellant, who previously qualified for CarePlus, re-applied for benefits and updated her income information reflecting that she received an average gross earned income of \$732 per week. Multiplying her weekly income by 4.333, gives Appellant an average monthly income of \$3,171.75. Based on the updates to her case, MassHealth notified Appellant, through a letter dated 7/30/24, that she did not qualify for MassHealth benefits because her income exceeded the program limit. See Exh. 1. According to the notice, Appellant's income placed her at 247.72% of the federal poverty level (FPL). Id. The MassHealth representative explained that to qualify for benefits, the individual must be at or below 133% of the FPL. For 2024, the monthly income of an individual in a household size of one receiving 133% of the FPL is \$1,670.00. Because Appellant's income exceeds this amount, she does not qualify for MassHealth at this time. The MassHealth representative explained that Appellant is eligible for a subsidized ConnectorCare plan through the Health Connector; and, as of 7/20/24, she was approved for temporary Health Safety Net (HSN). See Exh. 1.

The MassHealth representative testified that MassHealth CommonHealth does not have the same income limits as Standard or CarePlus but is only available for individuals who have a verified disability. As of the hearing date, Appellant did not have a verified disability on file and therefore was not eligible for this coverage type. The MassHealth representative explained that Appellant can seek a disability determination through MassHealth Disability Evaluation Services (DES). If deemed disabled she may qualify for CommonHealth subject to a premium.

Appellant testified that after losing her prior MassHealth benefit due to income, she became aware that the federal income standards increased and, on this basis, sought to re-apply for benefits. Appellant testified that she was currently working as a "temp" at a law firm. Though she did not have a paystub with her to verify her current income, Appellant did not dispute the weekly income amount reflected in her MassHealth account. Appellant specified that, in her current position, she is paid \$23 per hour and gets paid on a weekly basis. Although her work hours vary, she estimated that over the past month, she worked on average 32.5 hours per week. She was hoping that she would be offered a full-time position so that she could obtain health benefits, but this has yet to happen. She was also out of work for much of June and the first week of July due to illness, and this would offset her projected annual income. She is concerned that if her position does not lead to full time employment, she will soon go back to having zero income.

Through additional testimony and documentary submissions, Appellant presented evidence of her numerous medical conditions and diagnoses. See Exhs. 2 and 6. She indicated that she requires health insurance in order to continue seeing her multiple medical specialists and to afford her prescriptions and quickly incurring medical expenses. Appellant testified that despite her income, MassHealth did not account for her other expenses, such as increased rent,

electricity, groceries, and other costs of living. On this basis, Appellant appealed the 7/30/24 eligibility determination

The MassHealth representative responded that eligibility for benefits is based on the individual's current income. If Appellant stops working or has a reduction in income, she can report this information to MassHealth, and it will redetermine her eligibility accordingly. Additionally, the representative explained that MassHealth does not deduct income that is used to pay standard living expenses, such as rent, groceries, and utilities.

The parties reviewed the various deductions that MassHealth does consider for purposes of reducing countable income, such deductions that can be reported on a federal tax return. Appellant indicated that she was not aware of any deductions that would qualify in this case, and noted that while she had student loan payments, she paid off her debt in the previous year.

The MassHealth representative stated that he would update her case to reflect that she self-attested to having a disability and that he could provide her with an "adult disability supplement," which she could complete at any time, should she seek a disability determination through MassHealth DES.

Findings of Fact

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

1. Appellant is an adult under the age of 65; she is a tax filer and is in a household size of one (1).
2. As of the hearing date, Appellant did not have a verified disability on file.
3. Appellant is employed through a "temp" agency and through her current position, receives an average gross earned income of \$732 per week, which equates to an average gross income of \$3,171.75 per month.
4. Appellant's current income places her at 247.72% of the federal poverty level (FPL).
5. Through a letter dated 7/30/24, MassHealth notified Appellant that she did not qualify for MassHealth benefits because her income exceeded the program limit.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant did not qualify for MassHealth benefits because her income exceeded the program limit. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed 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
- (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.

See 130 CMR 505.001(A)

To qualify for one of the enumerated coverage types listed above, an individual must meet both the categorical *and* financial requirements. As of the hearing date, there was no evidence that Appellant had a verified disability or other special circumstance to be categorically eligible for either Standard or CommonHealth coverage-types. As Appellant is ineligible for Standard and is between the ages of 21-64, she is categorically eligible for CarePlus.² To be *financially* eligible for CarePlus, Appellant must have a modified adjusted gross income that is less than or equal to 133% of the FPL. See 130 CMR 505.008(A)(2)(c). For a household size of one (1), that limit is \$1,670 per month. See 2024 MassHealth Income Standards & Federal Poverty Guidelines. Countable household income includes both earned and unearned income, as described in 130 CMR

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

² There is no evidence that Appellant is categorically eligible for any of the other coverage types listed in 130 CMR 505.001(A), above.

506.003(A)-(B), less deductions described in 130 CMR 506.003(D). See 130 CMR 506.003. Countable earned income “is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.” See 130 CMR 506.003(A).

Here, it is undisputed that Appellant currently receives an average gross earned income of \$732 per week, which equates to an average monthly gross income of \$3,171.75. There is no evidence that Appellant qualifies for any of the allowable deductions identified in 130 CMR 506.003(D).³ Appellant’s modified adjusted gross income places her at 247.72% of the FPL.⁴ Because Appellant’s monthly income exceeds 133% of the FPL, MassHealth appropriately determined that she did not qualify for MassHealth benefits. Appellant did not meet her burden in proving that MassHealth erred in rendering its 7/30/24 eligibility determination.

For these reasons, this appeal is DENIED.

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

³ Examples of the listed deductions include educator expenses, health savings account, alimony, student loan interest, individual retirement account, scholarships and awards, among other sources. See 130 CMR 506.003(D).

⁴ This figure accounts for the “five percentage points of the current FPL [that MassHealth subtracts] from the applicable household total income.” See 130 CMR 506.007(A)(3).

receipt of this decision.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129