

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412858
Decision Date:	9/18/2024	Hearing Date:	09/13/2024
Hearing Officer:	Scott Bernard		

**Appearances for Appellant:**

*Pro se;* [REDACTED] (Case Manager) *via* telephone

**Appearance for MassHealth:**

Steven Prattico (Springfield 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community/Under 65/Income
<b>Decision Date:</b>	9/18/2024	<b>Hearing Date:</b>	09/13/2024
<b>MassHealth's Rep.:</b>	Steven Prattico	<b>Appellant's Reps.:</b>	<i>Pro se;</i> [REDACTED] [REDACTED]
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	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 August 1, 2024, MassHealth informed the appellant that she was eligible for the Health Safety Net (HSN) starting on May 9, 2024, but after August 31, 2024 she would no longer be eligible for MassHealth CarePlus because she was over the income limit for her household size. (See 130 CMR 505.008 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on August 19, 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 her income exceeded the income limit for MassHealth coverage.

### 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 receive MassHealth

benefits.

## Summary of Evidence

A benefits eligibility representative from the Springfield MassHealth Enrollment Center spoke on behalf of MassHealth. The appellant spoke on her own behalf and was assisted by [REDACTED] who she identified as her case manager. All individuals attended the hearing telephonically.

The MassHealth representative testified to the following. The appellant is an individual under the age of 65 years old who is living in a household of one. (Testimony; Ex. 3). The appellant was a recipient of MassHealth CarePlus from March 11, 2024 through August 31, 2024. (Testimony; Ex. 3).

On August 1, 2024 the appellant submitted a job update form which MassHealth processed on the same date. (Testimony). The appellant reported that she was no longer working but she was receiving \$470 per week in unemployment benefits. (Testimony). According to MassHealth calculations, this meant that the appellant's gross monthly income (GMI) is \$2,036.51 placing the appellant at 157.27% of the federal poverty level (FPL) for her one person household. (Testimony). To be eligible for CarePlus, an individual cannot have GMI exceeding \$1,670, which is 133% of the FPL for a household of one. (Testimony). Consequently, MassHealth issued a notice on August 1, 2024 informing the appellant that her CarePlus would end on August 31, 2024 because her GMI exceeded the income limit for that coverage. (Testimony).

The appellant has undergone disability evaluation through the Disability Evaluation Service, but on June 17, 2024 DES informed the appellant that it had determined that she was not disabled. (Testimony). The MassHealth representative did reach out to the appellant prior to the hearing. (Testimony). The appellant stated that her situation had changed, that her condition had worsened, and that she was wanted to undergo disability evaluation again. (Testimony). The MassHealth representative sent the appellant an Adult Disability Supplement. (Testimony).

The appellant testified to the following. The appellant did not dispute MassHealth's income calculation but stated that this figure was pre-tax. (Testimony). The appellant has a lot of expenses. (Testimony). The appellant was relieved, however, that MassHealth did not count her SNAP benefits as part of her income. (Testimony). The appellant confirmed that she spoke with the MassHealth representative prior to the hearing, but had not yet received the Adult Disability Supplement in the mail. The appellant stated that she would complete and return the disability supplement as soon as she gets it. (Testimony). The appellant is currently working with the Massachusetts Rehabilitation Commission. (Testimony). The appellant wanted to submit a letter from her doctor for consideration, which the hearing officer received during the hearing. (Testimony; Ex. 6). The letter, dated September 11, 2024, was written by the appellant's primary care physician and expressed the hope that the appellant's MassHealth benefits would continue because of her ongoing physical and mental health conditions. (Ex. 6).

## Findings of Fact

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

1. The appellant is an individual under the age of 65 years old who is living in a household of one. (Testimony; Ex. 3).
2. The appellant was a recipient of MassHealth CarePlus from March 11, 2024 through August 31, 2024. (Testimony; Ex. 3).
3. On August 1, 2024 the appellant submitted a job update form which MassHealth processed on the same date. (Testimony).
4. The appellant reported that she was no longer working but she was receiving \$470 per week in unemployment benefits. (Testimony).
5. According to MassHealth calculations, the appellant's GMI is \$2,036.51 placing the appellant at 157.27% of the FPL for her one person household. (Testimony).
6. To be eligible for CarePlus, an individual cannot have GMI exceeding \$1,670, which is 133% of the FPL for a household of one. (Testimony).
7. Consequently, MassHealth issued a notice on August 1, 2024 informing the appellant that her CarePlus would end on August 31, 2024 because her GMI exceeded the income limit for that coverage. (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 506.007(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<sup>1</sup>. (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.).

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)).

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 income is \$2,036.51 per month, which is 162.27% 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 157.27% 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.**

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<sup>1</sup> 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; 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.

## 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 receipt of this decision.

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Scott Bernard  
Hearing Officer  
Board of Hearings

Cc:

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