

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2413893

**Decision Date:** 10/21/2024

**Hearing Date:** 10/08/2024

**Hearing Officer:** Stanley Kallianidis

**Appellant Representative:**

Pro Se

**MassHealth Representative:**

Liz Nickoson



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> Floor  
Quincy, Massachusetts 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Income
<b>Decision Date:</b>	10/21/2024	<b>Hearing Date:</b>	10/08/2024
<b>MassHealth Rep.:</b>	Liz Nickoson	<b>Appellant Rep.:</b>	Pro Se
<b>Hearing Location:</b>	Taunton		

## 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 28, 2024, MassHealth indicated that it was changing the appellant's health benefits from MassHealth CarePlus to Health Safety Net due to excess income (Exhibit 1). The appellant filed this appeal in a timely manner on September 6, 2024 (see 130 CMR 610.015(B) and Exhibit 2). A change in the level of assistance is valid grounds for appeal (see 130 CMR 610.032). The appellant was entitled to aid pending benefits and a continuation of her CarePlus pending the outcome of the appeal (see Exhibit 2).

Notice of the hearing was sent to the parties on September 12, 2024 (Exhibit 3).

## Action Taken by MassHealth

MassHealth indicated that it was changing the appellant's health benefits from MassHealth CarePlus to Health Safety Net.

## Issue

The appeal issue is whether MassHealth was correct in determining that appellant was over the income limit for MassHealth CarePlus?

## Summary of Evidence

The MassHealth representative testified that the appellant was re-determined for benefits on or about August 28, 2024. The appellant is an adult with a household size of one member. She stated that the appellant was determined to no longer be eligible for MassHealth CarePlus because her income was over 133% of the federal poverty level.

The MassHealth representative stated that the appellant has earnings of \$1,200.00 bi-weekly, or \$600.00 weekly. This income was \$2,600.00 monthly ( $\$600.00 \times 4.333$ ). The appellant's earnings put her at 207% of federal poverty level. This was over the MassHealth CarePlus income limit of \$1,670.00 which is 133% of the federal poverty level for one person.

The MassHealth representative continued that the appellant is eligible for Health Safety Net which is 300% of the federal poverty level. There were no allowable income deductions over than the 5% standard deduction. The MassHealth representative also testified that the appellant was determined eligible for the Connector but was not certain if the member had enrolled or not.

The appellant testified that she agreed to her income being \$2,600.00 monthly. She stated that she did not want to lose her MassHealth CarePlus because she has pending medical appointments.

## Findings of Fact

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

1. The appellant was re-determined for benefits on or about August 28, 2024 (testimony).
2. The appellant is an adult with a household size of one member (testimony).
3. The appellant was determined to no longer be eligible for MassHealth CarePlus because her income was over 133% of the federal poverty level (Exhibit 1).
4. The appellant has monthly earnings of \$2,600.00 monthly (testimony).
5. There were no allowable income deductions over than the 5% standard deduction (testimony).
6. The appellant is eligible for Health Safety Net and the Connector (Exhibit 1).

## Analysis and Conclusions of Law

505.008: MassHealth CarePlus (A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults [REDACTED] 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 [REDACTED] (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.

Pursuant to 130 CMR 506.007, the MassHealth agency constructs a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage.

I have found that the appellant was a household of one at the time of her MassHealth renewal. The adult income limit for MassHealth for a household of one is 133% of the federal poverty level (\$1,670.00).

The appellant's modified adjusted gross income (MAGI) is determined by taking the countable income less deductions described in 130 CMR 506.003(D) (see 130 CMR 506.007).

(D) Deductions. The following are allowable deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;

- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) 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

I have found further that appellant has MAGI totaling \$2,600.00 as there were no allowable deductions.

506.007: Calculation of Financial Eligibility (A)(3): Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

Applying the 5% standard deduction leaves the appellant with countable income of \$2,470.00.

Since the appellant's monthly income of \$2,470.00 was greater than the \$1,670.00 income limit for MassHealth CarePlus, MassHealth correctly determined the appellant to be over the income limit for this program.

The appeal is therefore denied.

## **Order for MassHealth**

Proceed with the termination of the appellant's MassHealth CarePlus as planned.

## **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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Stanley Kallianidis  
Hearing Officer  
Board of Hearings

cc:

Taunton MEC

