

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|--------------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2414782 |
| Decision Date: | 12/17/2024 | Hearing Date: | 10/25/2024 |
| Hearing Officer: | Christine Therrien | | |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Christine Richelson, Tewksbury 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

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|---------------------------|--|--------------------------|--------------------------------|
| Appeal Decision: | Denied | Issue: | Eligibility – Under 65; Income |
| Decision Date: | 12/17/2024 | Hearing Date: | 10/25/2024 |
| MassHealth's Rep.: | Christine Richelson | Appellant's Rep.: | ██████ |
| Hearing Location: | Tewksbury MassHealth Enrollment Center Telephonic | 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 9/13/24, MassHealth terminated the appellant's MassHealth CarePlus benefits on 9/27/24 for failure to submit the requested information. Through a subsequent notice dated 9/23/24, MassHealth denied the appellant's MassHealth CarePlus because MassHealth determined that the appellant's income was over the program limit. (130 CMR 506.007 and Exhibit 1). The appellant filed this appeal of both notices in a timely manner on 9/25/24. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth CarePlus effective 9/27/24.

Issues

The issue is whether MassHealth was correct, pursuant to 130 CMR 506.001 *et seq.*, in determining that the appellant was over the income limit for MassHealth CarePlus.

Summary of Evidence

The MassHealth representative testified that the appellant is a household of one. The appellant is under 65 years old, and appeared at the hearing without his representative. The MassHealth representative testified that on 6/30/24, MassHealth electronically verified that the appellant had income and sent the appellant a job update form which was due back by 8/30/24. The MassHealth representative testified that the job update form was not received, and a termination letter was issued on 9/13/24, with a termination date of 9/27/24. (Exhibit 1). The MassHealth representative testified that on 9/23/24, the appellant's income was updated online. The appellant's income was listed as \$1,900/biweekly from an employer. The MassHealth representative testified that on 9/23/24, MassHealth issued a notice stating the appellant did not qualify for MassHealth because his income was too high. (Exhibit 1). The appellant's income is 323.07% of the 2024 Federal Poverty Level (FPL) which makes him ineligible for MassHealth, but he is eligible for a Connector Care Plan. The income limit for MassHealth CarePlus is 133% of the FPL.

Findings of Fact

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

1. The appellant, who is under 65 years old, is a household of one.
2. On 6/30/24, MassHealth electronically verified that the appellant had income, and sent the appellant a job update form which was due back by 8/30/24.
3. The job update form was not received, and a termination letter was issued on 9/13/24 with a termination date of 9/27/24.
4. On 9/23/24, the appellant's income was updated online.
5. The appellant's income was listed as \$1,900/biweekly from an employer.
6. On 9/23/24, MassHealth issued a second notice stating the appellant did not qualify for MassHealth because his income was too high.
7. Based on the appellant's reported earnings, his income is 323.07% of the FPL, which exceeds the MassHealth limit of 133% of the FPL.
8. The appellant is eligible for a Connector Care Plan.

Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. 130 CMR 505.001 lists the different MassHealth coverage types.

(A) 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.

(emphasis added)

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000. The financial eligibility for various MassHealth coverage types is determined by comparing the family group's monthly gross income with the applicable income standards for the specific coverage. (130 CMR 506.007(A)). The income limit for MassHealth CarePlus is less than or equal to 133% of the federal poverty level. (130 CMR 505.008 (A)(2)(c)).¹ The appellant is single, between 19 and 64 years of age, and has a gross monthly income of \$4,117.30, which is 323.07% of the 2024 FPL. As such, the appellant is over the income limit for MassHealth CarePlus.

MassHealth's decision was correct.

This appeal is therefore DENIED.

Order for MassHealth

¹ 133% of the 2024 FPL for a household of one equals \$1,669.15 per month.

End 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.

Christine Therrien
Hearing Officer
Board of Hearings

cc:

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center