

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2414785
<b>Decision Date:</b>	12/17/2024	<b>Hearing Date:</b>	10/23/2024
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Lisa Duffney, Springfield



*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>	Eligibility – Under 65
<b>Decision Date:</b>	12/17/2024	<b>Hearing Date:</b>	10/23/2024
<b>MassHealth's Rep.:</b>	Lisa Duffney	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Telephonic		

### 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 notified the appellant that his MassHealth benefits would be downgraded as of 6/4/24 to Health Safety Net (HSN) because MassHealth determined that his income is too high for MassHealth CarePlus. (130 CMR 506.007 and Exhibit 1). The appellant filed this appeal 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 downgraded the appellant's MassHealth CarePlus to HSN effective 6/4/24.

### 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.

### Summary of Evidence

The MassHealth representative testified that on 9/13/24, the appellant completed a renewal application over the phone. The MassHealth representative testified that the appellant reported income of \$1,000 bi-weekly. The MassHealth representative testified that the appellant's gross income is 167.67% of the 2024 Federal Poverty Level (FPL), which makes him no longer eligible for MassHealth CarePlus. The MassHealth representative testified that the appellant subsequently submitted pay stubs as proof of income which showed his income as \$1,430.30 bi-weekly for a gross monthly income of \$3,099.46. The MassHealth representative testified that the appellant's proof of income shows his gross income is 241.97% of the 2024 FPL, which still makes him no longer eligible for MassHealth CarePlus. The appellant was determined eligible for a Connector Care plan, type 3A.

The appellant, who is single and between the ages of 19 and 64, testified that he must work more hours to pay for university in [REDACTED]

## **Findings of Fact**

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

1. The MassHealth representative testified that on 9/13/24, the appellant, who is single and between the ages of 19 to 64, completed a renewal application over the phone.
2. The MassHealth representative testified that the appellant reported income of \$1,000 bi-weekly.
3. The MassHealth representative testified that the appellant's gross income is 167.67% of the 2024 FPL, which makes him no longer eligible for MassHealth CarePlus.
4. The MassHealth representative testified that the appellant subsequently submitted pay stubs as proof of income which showed his income as \$1,430.30 bi-weekly for a monthly income of \$3,099.46.
5. The MassHealth representative testified that the appellant's proof of income shows his gross income is 241.97% of the 2024 FPL, which still makes him no longer eligible for MassHealth CarePlus.
6. The appellant was determined eligible for a Connector Care plan, type 3A.

## **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)).<sup>1</sup> The appellant is single, between 19 and 64 years of age, and has a gross monthly income of \$3,099.46, which is 241.97% 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**

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<sup>1</sup> 133% of the 2024 FPL for a household of one equals \$1,670 monthly.

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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Christine Therrien  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center