

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2415856
<b>Decision Date:</b>	12/19/2024	<b>Hearing Date:</b>	11/19/2024
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Darcy Chapdelaine



*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 Eligibility – Under 65: Income
<b>Decision Date:</b>	12/19/2024	<b>Hearing Date:</b>	11/19/2024
<b>MassHealth's Rep.:</b>	Darcy Chapdelaine	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Room 3	<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 10/15/2024, MassHealth informed the appellant that it planned to terminate her MassHealth CarePlus benefits on 11/30/2024 because she has more countable income than MassHealth benefits allow. MassHealth informed the appellant that she was eligible for Health Safety Net and a Health Connector Plan (see 130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). The appellant filed this appeal in a timely manner on 10/15/2024 and she continues to receive benefits pending the outcome of this appeal (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).

### Action Taken by MassHealth

MassHealth plans to terminate the appellant's MassHealth benefits because her income exceeds the program limits.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits because her income exceeds the program limits.

## **Summary of Evidence**

Exhibits 1-3 were admitted into evidence. The appellant appeared at the fair hearing telephonically, as did the MassHealth representative.

The MassHealth representative testified that the appellant is under 65 years of age, and she lives in the community. The appellant was previously determined to be eligible for MassHealth CarePlus benefits, having been determined to be financially eligible with her countable income being below 133% of the federal poverty level for a household of 1 person.

The MassHealth representative testified that the appellant was approved for MassHealth CarePlus benefits based on self-attested verification that she had no income. On 10/14/2024, the appellant completed a telephone eligibility renewal. She verified that her gross monthly income is \$2,700.00. MassHealth calculated that her income is 210.14% of the federal poverty level (FPL) for a household of 1 person. Because it is over 133% of the FPL, the appellant is no longer eligible for MassHealth benefits. She is eligible for Health Safety Net for a limited time, and she was referred to the Health Connector.

On 10/25/2025, the appellant telephoned MassHealth and alleged a disability. MassHealth sent the appellant a disability application to be completed and mailed to MassHealth Disability Evaluation Services. If her disability application is approved, her eligibility will be updated with that information and she will be informed of MassHealth's decision.

The appellant testified that she has worked her "entire life," and that she has been diagnosed with an intercranial meningioma tumor. As a result, she is disabled. She is requesting MassHealth benefits to cover her medical expenses.

## **Findings of Fact**

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

1. Appellant is under 65 years of age and lives in the community. For the purposes of MassHealth eligibility, the appellant is a member of a household of 1 (Testimony).
2. Appellant's gross monthly income is \$2,100.00 per month (Testimony).
3. As of the date of this fair hearing, the appellant has not been determined to be disabled by Social Security or by MassHealth.

4. 133% of the federal poverty level for a household of 1 is \$1,670.00 as of 03/2024.
5. On 10/15/2024, MassHealth informed the appellant that it decided she was no longer eligible for MassHealth benefits because she has more countable income than MassHealth benefits allow (Exhibit 1; Testimony).
6. Through the 10/15/2024 notice, MassHealth informed the appellant that it planned to terminate her MassHealth CarePlus benefits on 11/30/2024. MassHealth informed the appellant that she is eligible for Health Safety Net and a Health Connector plan (Exhibit 1; Testimony).
7. The appellant filed this appeal in a timely manner on 10/15/2024 (Exhibit 2).
8. The appellant continues to receive MassHealth CarePlus benefits pending the outcome of this appeal.
9. A fair hearing was held on 11/19/2024. All parties appeared telephonically (Exhibit 3).

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

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.

Regulations at 130 CMR 505.008 address MassHealth CarePlus, as follows:

(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 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 21 through 64 years old.

(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.

***(Emphasis added.)***

MassHealth determined that the appellant is no longer eligible for MassHealth benefits because her income exceeds the guidelines for that benefit. MassHealth determined that the appellant's gross monthly income is \$2,100.00. In order to be income-eligible for MassHealth CarePlus benefits, the appellant's gross monthly income cannot be more than 133% of the FPL, or \$1,670.00. The appellant did not dispute her income. Therefore, MassHealth's determination that the appellant is a member of a household of 1, with gross monthly income of \$2,100.00 is accurate. Accordingly, she has presented no information to show MassHealth's decision to downgrade her benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is therefore denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Health Connector questions can be addressed by calling 1-877-623-6765. Additionally, if the appellant's income or household size changes, he should contact MassHealth for a new determination of benefits.

## **Order for MassHealth**

Release 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

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