

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416161
Decision Date:	02/4/2025	Hearing Date:	11/19/2024
Hearing Officer:	Emily Sabo	Record Open to:	12/17/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Nancy Derisma, Charlestown MEC



*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

Appeal Decision:	Denied	Issue:	Community Eligibility—under 65
Decision Date:	02/4/2025	Hearing Date:	11/19/2024
MassHealth's Rep.:	Nancy Derisma	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center (Telephone)	Aid Pending:	No

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 October 1, 2024, MassHealth denied the Appellant's application for benefits on the grounds that the Appellant's household income is too high to qualify. *See* 130 CMR 505.008(A)(2)(c) and Exhibit 1. The Appellant filed this appeal in a timely manner on October 18, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's application for MassHealth benefits on the grounds that the Appellant's household income is too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008(A)(2)(c), in denying the Appellant MassHealth coverage based on income.

Summary of Evidence

The hearing was held telephonically. The MassHealth representative testified that the Appellant is an adult under the age of 65 and has a household size of three, consisting of the Appellant as head of household, the Appellant's spouse, and the Appellant's [REDACTED]. The MassHealth representative testified that the Appellant's gross household income is \$3,033.80/month, and that to qualify for MassHealth CarePlus, the Appellant's income would have to be 133% or less of the federal poverty level for 2024, or \$2,862/month for a household of three. The MassHealth representative testified that the Appellant does not qualify for MassHealth benefits, but does have Health Safety Net. The MassHealth representative testified that the Appellant's child submitted a disability supplement but that the notes indicated that the supplement was incomplete.

The Appellant verified her identity and testified that she was trying to find out what has happened because nothing has changed with her income since 2023. The Appellant testified that her son has a disability. The Appellant testified that her monthly income is \$2,840 and that her income has not changed since 2023. The Appellant testified that her Connector Care plan costs \$154/month.

The MassHealth representative testified that in 2023, the Appellant had a different income and employer. The MassHealth representative testified that the Appellant's income was formerly \$2,640/month.

The record was held open until December 3, 2024 for the Appellant to submit her recent pay stubs, and until December 17, 2024, for MassHealth to review and respond. Exhibit 5. The Appellant submitted pay stubs, which reflected her gross pay for one two-week period was \$1,324.60, and for the next two-week period was \$1,428.60. Exhibit 7. This reflects an average weekly gross pay of \$688.30. On January 30, 2025, the MassHealth representative responded that the Appellant was enrolled in a Connect Care plan and that the Appellant's child had still not submitted a complete disability supplement. Exhibit 6.

Findings of Fact

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

1. The Appellant is an adult under the age of 65 and has a household size of three, made up of three adults. Testimony, Exhibit 4.
2. The Appellant has a countable weekly income of \$688.30, or \$2,982.40 monthly. Exhibit 7.
3. To qualify for MassHealth CarePlus, household income must be 133% or less of the federal poverty level, which equals \$2,862/month for a household of three. Testimony.

4. On October 1, 2024, MassHealth denied the Appellant's application for benefits on the basis of income. Exhibit 1.
5. On October 18, 2024, the Appellant timely appealed the notice to the Board of Hearings. Exhibit 2.

Analysis and Conclusions of Law

As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);²
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;

¹ "Young adults" is defined at 130 CMR 501.001 as those aged 19 and 20.

² 130 CMR 505.008(F) provides:

(F) Medically Frail. If an individual is determined medically frail or is an individual with special medical needs and has been determined to meet the eligibility criteria for MassHealth CarePlus as described in 130 CMR 505.008, the individual may elect at any time to receive MassHealth Standard benefits, as described in 130 CMR 505.002(J). If at any time after enrolling in MassHealth CarePlus an individual becomes medically frail or is determined to be medically frail, the individual may elect to receive MassHealth Standard benefits. The effective date of MassHealth Standard is the date of the reported change. To be considered medically frail or a person with special medical needs, an individual must be

- (1) an individual with a disabling mental disorder (including children with serious emotional disturbances and adults with serious mental illness);
- (2) an individual with a chronic substance use disorder;
- (3) an individual with a serious and complex medical condition;
- (4) an individual with a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or
- (5) an individual with a disability determination based on Social Security criteria.

130 CMR 505.008(F).

(4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;

(5) Small Business Employee Premium Assistance for adults or young adults

(6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: Immigrants; and

(7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

130 CMR 505.001(A).

To establish eligibility for MassHealth, applicants must meet both the categorical and financial requirements. To calculate financial eligibility, MassHealth regulations at 130 CMR 506.007 provide that:

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 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.

(2) 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 MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based 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 as described in 42 CFR 435.603 and 130 CMR 506.004(M).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(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.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

(1) Multiply the annual 100% figure posted in the *Federal Register* by the applicable federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

130 CMR 506.007.

Here, to be eligible for MassHealth CarePlus, a household's countable modified adjusted gross income must be less than or equal to 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). In 2024, 133% of the federal poverty level for a household of one was \$2,862/month. Multiplying the Appellant's weekly income by 4.333 yields a monthly income of \$2,982.40. 130 CMR 506.007(A)(2)(c). Deducting 5% of the current federal poverty level equals \$2,874.78 ($\$2,982.40 - \$107.62 = \$2,874.78$). 130 CMR 506.007(A)(3). The Appellant's household income of \$2,874.78 exceeds 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). As such, the Appellant does not meet the financial requirements to qualify for MassHealth CarePlus. Therefore, MassHealth did not err in issuing the October 1, 2024, notice, and the appeal is denied.

The 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 877-910-2100.³

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

³ Because the Appellant's income is only slightly above the 133% federal poverty level limit, she may qualify for a less expensive Connector Care plan and can contact the Health Connector to ensure that they have her most up-to-date and accurate income information.

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.

Emily Sabo
Hearing Officer
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129