

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied in part	Appeal Number:	2417710
Decision Date:	01/24/2025	Hearing Date:	12/19/2024
Hearing Officer:	Thomas J. Goode	Record Open to:	1/23/2024

Appearances for Appellant:



Appearance for MassHealth:

Sarah Santos, 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 in part	Issue:	Eligibility
Decision Date:	01/24/2025	Hearing Date:	12/19/2024
MassHealth's Rep.:	Sarah Santos	Appellant's Reps	<div></div>
Hearing Location:	Charlestown MassHealth Enrollment Center	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 November 6, 2024, MassHealth notified Appellant that MassHealth coverage was downgraded from CarePlus to Health Safety Net (130 CMR 505.001, 506.007 505.008 and Exhibit 1). Appellant filed this appeal in a timely manner on November 18, 2024 and has been receiving aid pending protection (130 CMR 610.015(B), 620.036 and Exhibit 2). Notice of a downgrade in assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth downgraded coverage from CarePlus to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 506.007 505.008, in downgrading Appellant's MassHealth coverage from CarePlus to Health Safety Net.

Summary of Evidence

The MassHealth representative testified that Appellant is [REDACTED], a tax-filer with no dependents, and is not claimed as a tax-dependent by another tax-filer. Appellant is a household of one non-disabled individual with earned income totaling \$1,434 bi-weekly which equates to \$37,303 annually. Appellant has not reported a pregnancy, or a diagnosis of breast or cervical cancer or HIV. Appellant is currently enrolled in MassHealth CarePlus; however, because income exceeds 133% of the federal poverty level for a household of one person, \$1,670¹, Appellant is no longer MassHealth eligible, and coverage was downgraded to Health Safety Net pending enrollment in a Health Connector Plan. The MassHealth representative testified that Appellant submitted a disability supplement on December 19, 2024, which is pending review by Disability Evaluation Services.

Appellant verified that household size, tax-filing status and income is correct. Appellant testified that a previous disability application was denied and appealed.² Appellant testified that she had been found disabled prior to turning 18 years of age, and she feels she continues to meet disability criteria due to her medical conditions.

The hearing record remained open for 30-day updates on the status of the disability supplement. The parties were notified by email that in lieu of further updates, the hearing record closed, and a hearing decision issued (Exhibit 5).

Findings of Fact

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

1. Appellant is [REDACTED] and a household of one non-disabled individual, a tax-filer with no dependents, and is not claimed as a tax-dependent by another tax-filer.
2. Appellant's gross earned income totals \$1,434 bi-weekly.
3. Appellant has not reported a pregnancy, a diagnosis of breast or cervical cancer or HIV.
4. Appellant is currently enrolled in MassHealth CarePlus.
5. 133% of the federal poverty level for a household of one person is \$1,734.
6. Appellant submitted a disability supplement on December 19, 2024, which is pending review by Disability Evaluation Services.

¹ Increased to \$1,734 for 2025.

² The Board of Hearings has no record of a prior disability hearing.

Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits. (130 CMR 501.003(A)). MassHealth offers several coverage types. (130 CMR 501.003(B)). The coverage type for which an individual is eligible is based on their income and circumstances. (130 CMR 515.003(B)).

Regulation 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). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (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 of age 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

Pursuant to 130 CMR 506.003, countable household 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. MassHealth allows the following 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;
- (9) individual retirement account (IRA);
- (10) student loan interest; and
- (11) higher education tuition and fees.

(130 CMR 506.003(D))

Appellant did not submit evidence of expenses corresponding to the allowable deductions enumerated at 130 CMR 506.003(D). Countable income includes the total amount of taxable earned income described in 130 CMR 506.003(A) in addition to unearned income described in 130 CMR 506.003(B), less deductions described in 130 CMR 506.003(D)). Income of all household members forms the basis for establishing an individual's eligibility (130 CMR 506.007). Here, Appellant's gross earned income forms the basis for establishing eligibility for MassHealth. In determining monthly income for MassHealth purposes, 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 (130 CMR 506.007(A)). Appellant's gross earned bi-weekly income of \$1,434 equates to \$3,107 per month³ and places Appellant at 233% of the federal poverty level [$\$3,107 - \$65.20^4 = \$3,041.80$] [$\$3,041.80 \div \$1,304 \times 100 = 233\%$]. Based on updated Federal Poverty Levels for 2025, Appellant's countable income exceeds 133% of the federal poverty level for a household size of 1 [$\$1,734$] making Appellant ineligible for MassHealth CarePlus (130 CMR 505.008(A)).⁵ Appellant is not currently categorically eligible for any other MassHealth coverage type (130 CMR 505.001). Appellant has submitted a disability supplement to MassHealth which is under review by Disability Evaluation Services. The appeal is denied insofar as MassHealth correctly issued the notice of a downgrade in coverage, however the Appellant's CarePlus benefits shall remain open pending the determination by DES. MassHealth shall issue a new notice once DES makes its determination and Appellant will have appeal rights on that new notice.

³ $\$1,434 \div 2 = \717 per week multiplied by 4.333 = \$3,107.

⁴ 5% of \$1,304.

⁵ 130 CMR 505.008(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.

Order for MassHealth

Continue aid pending protection for CarePlus coverage until a disability determination is made by Disability Evaluation Services, and then redetermine eligibility and issue new notice.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Thomas J. Goode
Hearing Officer
Board of Hearings

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