

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417927
Decision Date:	3/31/2025	Hearing Date:	12/23/2024
Hearing Officer:	Kimberly Scanlon	Record Open to:	02/10/2025

Appearance for Appellant:




Appearance for MassHealth:

Elizabeth Cruz-Tewksbury 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:	Eligibility; Under 65; Downgrade; Over income
Decision Date:	3/31/2025	Hearing Date:	12/23/2024
MassHealth's Rep.:	Elizabeth Cruz	Appellant's Rep.:	
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (Remote)	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 October 30, 2024, MassHealth notified the appellant that her benefits were being downgraded from MassHealth CarePlus to Health Safety Net because of a change in circumstances. (Exhibit 1). The appellant filed this appeal in a timely manner on or about November 22, 2024. (130 CMR 610.015(B); Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal. (130 CMR 610.032). At the conclusion of the hearing, the record was left open for a brief period for the appellant to submit additional documentation.

Action Taken by MassHealth

MassHealth notified the appellant that her benefits were downgraded from MassHealth CarePlus to Health Safety Net because of a change in circumstances.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's benefits from CarePlus to Health Safety Net.

Summary of Evidence

The MassHealth representative, the appellant, and her representative all appeared at the hearing telephonically. The record establishes the following: The appellant is an adult between the ages of 21 and 64 and resides in a household of one. She is a tax filer with no claimed dependents and no verified disability on file. The appellant previously received MassHealth CarePlus benefits based on her household income at that time. On October 30, 2024, MassHealth received the appellant's job update form and her updated income information. The appellant's verified gross monthly income from employment totals \$2,816.45; this amount equates to 219.42% of the Federal Poverty Level (FPL) for her household size. To qualify for MassHealth benefits, the appellant's income must be at or below 133% of the FPL, or \$1,670.00 per month for a household size of 1.¹ On October 30th MassHealth notified the appellant that her CarePlus benefits were being downgraded to Health Safety Net on November 30, 2024 because her income is too high. (Exhibit 1). The appellant is also eligible for a ConnectorCare plan through the Massachusetts Health Connector. *Id.*

The appellant stated that she is very emotional and needed a moment to gather her thoughts. Her representative took exception to MassHealth stating that she did not have a verified disability. He testified that the appellant is bipolar, a recovering addict, has a learning disability, and is manic depressive. He stated that the appellant is currently in treatment, however, she has not been able to receive her medication because MassHealth canceled her health insurance prior to the hearing. He stated that the appellant is unable to attend the methadone clinic, and she is unable to work as a result.

The MassHealth representative confirmed that the appellant has aid pending protection in place and is currently active with CarePlus benefits. She suggested that the appellant have her pharmacy contact MassHealth Customer Service. The MassHealth representative provided the appellant with a direct telephone number for her pharmacy to call. The appellant's representative expressed his appreciation for the additional information. He explained that the appellant's mother recently passed away due to cancer. Additionally, the appellant's employment hours and income will decrease after the holiday season.

The MassHealth representative stated that she would mail an Adult Disability Supplement form to the appellant for her to fill out and send to Disability Evaluation Services (DES). The MassHealth representative explained that if DES deems the appellant disabled, she would be eligible to receive MassHealth benefits. The MassHealth representative explained that the appellant should contact

¹ As of March 1, 2025, 133% of the FPL is \$1,735.00 per month for a household of 1. (See <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>).

MassHealth once her income decreases. Following the hearing, the record was left open for the appellant to submit additional documentation regarding her income. (Exhibit 6). MassHealth subsequently responded that it did not receive any income updates from the appellant. (Exhibit 7).

Findings of Fact

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

1. The appellant is an adult between the ages of 21 and 64 and lives in a household of one.
2. The appellant was previously eligible for MassHealth CarePlus benefits prior to submitting her job update form and updating her income on October 30, 2024.
3. On or about October 30, 2024, MassHealth notified the appellant that her CarePlus coverage was being downgraded to Health Safety Net starting on November 30, 2024, due to excess income.
4. The appellant's verified monthly income from employment totals \$2,816.45, which is equal to 219.42% of the FPL for a household of one.
5. 133% of the FPL limit for a household size of 1 is \$1,670.00 per month.²
6. The appellant is eligible for a health care plan through the Health Connector.
7. Following the hearing, the record was left open for the appellant to submit additional documentation related to her decrease in income.
8. MassHealth subsequently responded that it did not receive any income updates from the appellant.

² See, "footnote 1," above.

Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults³, 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.

The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition*. 130 CMR 505.001(B).

At issue in this case is MassHealth's determination that the appellant is no longer eligible for MassHealth benefits. To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, as an adult between the ages of 21 and 64, the appellant meets the categorical requirements for MassHealth CarePlus.⁴

An applicant is financially eligible for CarePlus benefits if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” (130

³ “Young adults” are defined at 130 CMR 501.001 as those aged 19 and 20.

⁴ The record does not include any evidence to suggest that the appellant would be categorically eligible for any other MassHealth coverage type as of the date of hearing.

CMR 505.002(C)(1)(a); 505.008(A)(2)(c)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing coverage. That regulation provides in relevant part as follows:

(1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of

- (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
- (b) the taxpayer's spouse, if living with him or her regardless of filing status;
- (c) all persons the taxpayer expects to claim as tax dependents; and
- (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

In the present case, the appellant does not dispute that she resides in a household of one.

130 CMR 506.007 describes how an applicant's modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

(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. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level 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) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.
- (2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.
- (3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is \$2,816.45. This amount exceeds 133% of the FPL for a household of one, which is \$1,670.00.⁵ Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the regulations.

This appeal is denied.⁶

Order for MassHealth

If MassHealth has not already done so, remove 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

⁵ See, footnote "1" above.

⁶ 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.