

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2418258
Decision Date:	01/14/2025	Hearing Date:	01/07/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Elizabeth Nickoson, Taunton 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; Income
Decision Date:	01/14/2025	Hearing Date:	01/07/2025
MassHealth's Rep.:	Elizabeth Nickoson	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Room 1	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 November 8, 2024, MassHealth downgraded the appellant's benefits from MassHealth CarePlus to Health Safety Net after MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth CarePlus. See 130 CMR 505.008 and Exhibit 1. The appellant's appeal was timely filed on November 27, 2024. See 130 CMR 610.015(B) and Exhibit 2. Any MassHealth decision to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth downgraded the appellant's benefits from MassHealth CarePlus to the Health Safety Net.

Issue

Whether MassHealth was correct in downgrading the appellant's benefits pursuant to 505.008(A)(2)(c) and 130 CMR 506.007(A).

Summary of Evidence

The MassHealth representative from the Taunton MassHealth Enrollment Center appeared virtually while the appellant appeared in person and verified his identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant is an adult under the age of 65 who lives in a household of one. The appellant is a non-tax filer. He had MassHealth CarePlus from December 30, 2019 to November 22, 2024. A periodic data match verified the appellant's income as \$2,652.00 per month from Social Security. This figure equates to 206.31% of the federal poverty level (FPL) for a household of one which exceeds the limit for MassHealth CarePlus. The MassHealth representative stated that the income limit to receive MassHealth CarePlus is 133% of the FPL, or \$1,670.00 per month for a household of one.

The appellant confirmed his income and household size. He stated that after \$1,620.00 per month is deducted from his Social Security check for child support, he barely has enough money to cover his other expenses. He added that he was permanently injured in [REDACTED] and believes he is disabled. He stated that he is currently pursuing a disability determination with the Social Security Administration and plans to do the same through Disability Evaluation Services (DES). Meanwhile, he emphasized the importance of having CarePlus coverage, as he relies on a continuous glucose monitor which is not covered by Health Safety Net.

During the hearing, based on the appellant's testimony, the MassHealth representative changed the appellant's status to that of a tax filer. He was determined to be eligible for a ConnectorCare plan through the Massachusetts Health Connector. The appellant stated that he will look into obtaining coverage through ConnectorCare but expressed concern that he may not be able to afford the premiums for any of their available plans.

Findings of Fact

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

1. The appellant is under the age of 65 and lives in a household of one. (Testimony and Exhibit 4).
2. The appellant had MassHealth CarePlus from December 30, 2019 to November 22, 2024. (Testimony and Exhibit 4).
3. The appellant's verified income is \$2,652.00 per month from Social Security. (Testimony).

4. The income limit to be eligible for MassHealth benefits is \$1,670.00 per month for a household of one. (Testimony).
5. Through a notice dated November 8, 2024, MassHealth downgraded the appellant's benefits from MassHealth CarePlus to Health Safety Net. (Testimony, Exhibit 1).
6. The appellant's appeal was timely filed on November 27, 2024. (Exhibit 2).
7. The appellant is a tax-filer and is qualified to enroll in a Massachusetts Health Connector Plan. (Testimony).

Analysis and Conclusions of Law

Generally, MassHealth regulations at 130 CMR 505.000 explain the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements **and** financial standards.

These coverage types set forth at 130 CMR 505.001(A) are as follows:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults¹, 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) 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, CommonHealth, or CarePlus;
- (5) MassHealth 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
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

In this case, the appellant is between the ages of 21 and 65. Although the appellant testified that he believes he is disabled, he has not been determined to be disabled by the Social Security

¹ “[Y]oung adults” are defined as those aged 19 and 20. See 130 CMR 501.001.

Administration or DES. As such, he meets the categorical requirements for MassHealth CarePlus. The question then becomes whether he meets the income requirements to qualify.

An individual between the ages of 21 and 64 who is categorically eligible for MassHealth CarePlus can only be financially eligible if “the individual’s modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” 130 CMR 505.008(A)(2)(c); <https://www.mass.gov/doc/2024-masshealth-income-standards-and-federal-poverty-guidelines>. To determine financial eligibility pursuant to 130 CMR 506.007(A), MassHealth must construct a household as described in 130 CMR 506.002(B) for each individual who is applying for or renewing coverage. MAGI household composition rules used to determine member eligibility are the following:

- (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 individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

See 130 CMR 506.002(B).

Here, the appellant verified that he lives in a household of one. Thus, the appellant meets the MAGI rules for a household of one.

Once the individual’s household size is established, his MassHealth MAGI household income is determined in the following manner:

- (2)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(K).
 - (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.

See 130 CMR 506.007(A).

Pursuant to 130 CMR 506.003(B), countable income includes, in relevant part, unearned income which may include, but is not limited to, “social security benefits, railroad retirement benefits, pensions, annuities, ...”

Additionally, under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

See 130 CMR 506.003(D).

The appellant testified that after \$1,620.00 per month is deducted from his Social Security check for child support, he barely has enough money to cover his other expenses. Since child support does not fall within the allowable deductions enumerated in 130 CMR 506.003(D), it cannot be considered as a deduction from the appellant’s countable income.

Thus, per MAGI rules as explained supra, the appellant lives in a household of one. He confirmed his income as \$2,652.00 per month from Social Security. To determine eligibility of the individual under the coverage type with the highest income standard, five percentage points of the current FPL is subtracted from the applicable household’s countable income. See 130 CMR 506.007(A). For

a household of one, 5 percentage points of the current FPL equals \$62.75 a month. After deducting five percentage point of the FPL from the appellant's total income (\$2,652.00-\$62.75), the appellant's countable income equals \$2,589.25. The income limit for MassHealth CarePlus is 133% of the FPL, or \$1,670.00 per month for a household of one. Since the appellant's income exceeds 133% of the FPL, the appellant is not financially eligible for MassHealth CarePlus benefits.

For the foregoing reasons, MassHealth's action is upheld, and the appeal is DENIED.

Order for MassHealth

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616