

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418501
Decision Date:	1/13/2025	Hearing Date:	01/08/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Melanie Hebert



*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:	1/13/2025	Hearing Date:	01/08/2025
MassHealth's Rep.:	Melanie Hebert	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center	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 11/27/2024, MassHealth informed the appellant that he was not eligible for MassHealth benefits because his income exceeds the program limits. Through the same notice, MassHealth informed the appellant he was eligible for Health Safety Net (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). The appellant filed a timely appeal on 12/03/2024 (130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing telephonically. The MassHealth representative testified that the appellant, counted as a household of 1 person, was previously determined to be eligible for MassHealth CarePlus benefits. His benefits terminated on 11/08/2024. On 11/13/2024, MassHealth received verification of the appellant's income in the form of a pay stub showing \$3,033.00 gross monthly pay. His gross monthly income exceeds 133% of the federal poverty level (FPL) (\$1,670.00 for a household of 1 person). As a result, the appellant is not eligible for MassHealth CarePlus benefits. MassHealth determined that the appellant is eligible for the Health Safety Net. He was also referred to the Health Connector.

The appellant cursed and testified angrily that he should be eligible for benefits. He stated that the income guidelines for MassHealth benefits are too low.

Findings of Fact

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

1. The appellant is between the ages of 19 and 64 (Testimony).
2. For the purposes of MassHealth eligibility, the appellant is counted as a household of 1 (Testimony).
3. The appellant has gross monthly income of \$3,033.00 per month from employment (Testimony).
4. 133% of the federal poverty limit for a household of 1 is \$1,670.00 (03/2024).
5. On 11/27/2024, MassHealth informed the appellant that he was not eligible for MassHealth benefits because his income exceeds the guidelines for that benefit (Exhibit 1).
6. MassHealth informed the appellant that he is eligible for the Health Safety Net. He was also referred to the Health Connector (Testimony; Exhibit 1).
7. The appellant filed a timely appeal on 12/03/2024 (Exhibit 2).
8. A fair hearing was held on 01/08/2025. The appellant appeared telephonically, as did the MassHealth representative (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 not eligible for MassHealth benefits because the income he earns exceeds the guidelines for that benefit. MassHealth verified that the appellant's gross monthly income from employment is \$3,033.00. He is counted as household of 1 person. In order to be income-eligible for MassHealth CarePlus benefits, the household's gross monthly income cannot be more than 133% of the FPL, or \$1,670.00. The appellant did not dispute that he is working or that the income MassHealth has on file is inaccurate¹. Accordingly, he has presented no information to show MassHealth's decision to deny his 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. Additionally, if her income or household size changes, she should contact MassHealth for a new determination of benefits.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

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

¹ At the fair hearing, the appellant testified that his gross income is \$1,040.00 per week, which equals \$4,506.00 per month; however, this hearing decision addresses the lower income amount that was used by MassHealth when it made this eligibility determination.