

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418552
Decision Date:	1/13/2025	Hearing Date:	01/07/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Millie Behnk



*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:	01/07/2025
MassHealth's Rep.:	Millie Behnk	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 10/31/2024, MassHealth informed the appellant that she was not eligible for MassHealth benefits because her income exceeds the program limits. Through the same notice, MassHealth informed the appellant she was eligible for Health Safety Net. The appellant was also referred to the Health Connector (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). The appellant filed a timely appeal on 12/04/2024 (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 virtually. The MassHealth representative testified that the appellant, counted as a household of 1 person, was previously determined to be eligible for MassHealth CarePlus benefits, until the benefits were terminated in September 2023. On 10/31/2024, MassHealth received verification of the appellant's income from employment. She earns \$3,250.00 per month, gross, which 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 Partial Health Safety Net. She was also referred to the Health Connector.

The appellant testified that she has fibroids, which cause her significant pain. She also testified that between her taxes, mortgage, and other expenses, she cannot afford to pay for health insurance. Her health issues have caused her to change her diet, which has caused her additional expenses. Also, her sanitary items are expensive because of her fibroids. She stated she is "an American citizen who has to fight for her survival because I work."

The MassHealth representative responded there is no indication that the appellant has been determined to be disabled by Social Security or MassHealth. She stated that she will mail to the appellant a disability supplement. If the appellant is determined to be disabled, her eligibility may be upgraded.

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 \$3,250.00 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 10/31/2024, MassHealth informed the appellant that she was not eligible for MassHealth benefits because her income exceeds the guidelines for that benefit (Exhibit 1).
6. MassHealth informed the appellant that she is eligible for the Health Safety Net. MassHealth also referred the appellant to the Health Connector (Testimony; Exhibit 1).

7. The appellant filed a timely appeal on 12/04/2024 (Exhibit 2).
8. A fair hearing was held on 01/07/2025. The appellant appeared virtually, 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 she earns exceeds the guidelines for that benefit. MassHealth verified that the appellant's gross monthly income from employment is \$3,250.00. She 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 she is working or that the income MassHealth has on file is inaccurate¹. Accordingly, she has presented no information to show MassHealth's decision to deny her 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.

¹ Subsequent to this eligibility determination, the appellant submitted new income verification to MassHealth. The MassHealth representative testified that the income remained over the income guidelines, so there was no change in MassHealth's determination. This decision considers the income on file at the time of the 10/31/2024 eligibility determination, which is at issue in this appeal.

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