

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2419104
Decision Date:	3/7/2025	Hearing Date:	01/23/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Ariel Cooper, Tewksbury MEC; Yvette Prayor, RN, Appeal Reviewer, Appeals & Regulatory Compliance, Disability Evaluation Services; Eileen Cynamon, BSN, RN, Appeal Reviewer, Appeals & Regulatory Compliance, Disability Evaluation Services



*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, Disability
Decision Date:	3/7/2025	Hearing Date:	01/23/2025
MassHealth's Reps:	Ariel Cooper, Yvette Prayor, Eileen Cynamon	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center (Telephone)	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 18, 2024, MassHealth downgraded the Appellant's MassHealth CarePlus to Health Safety Net due to her income. 130 CMR 505.008(A)(2)(c) and Exhibit 1. The Appellant filed this appeal in a timely manner on December 13, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded the Appellant's CarePlus to Health Safety Net due to her income. The Appellant's CarePlus benefit was scheduled to end December 31, 2024.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008(A)(2)(c), in determining that the Appellant's income is too high to qualify for MassHealth CarePlus.

Summary of Evidence

The hearing was held by telephone. MassHealth was represented by one eligibility specialist and two appeals reviewers from Disability Evaluation Services. The MassHealth eligibility specialist testified that the Appellant has a household size of one, is an adult between the ages of 21-64, and that her income is 183.24% of the 2024 federal poverty level, which is too high to qualify for MassHealth CarePlus. The MassHealth eligibility specialist testified that regarding whether the Appellant qualifies for MassHealth CommonHealth, MassHealth is just waiting for an assessment of whether the Appellant has a verified disability from Disability Evaluation Services.

The Disability Evaluation Services appeals reviewer testified that Disability Evaluation Services had received an initial MassHealth Adult Disability Supplement on November 7, 2024. Because medical releases were missing or incomplete, the case was closed as an incomplete supplement on November 12, 2024. On December 4, 2024, the Appellant submitted another disability supplement, which was missing information. Subsequently, the Appellant resubmitted a disability supplement with all required information, and Disability Evaluation Services undertook a review, beginning on December 11, 2024. On December 16, 2024, Disability Evaluation Services contacted the Appellant's providers requesting the Appellant's records from the past 12 months. One of the Appellant's providers did not respond. The appeals reviewer told the Appellant that she should contact the disability reviewer immediately so that her case was not closed as a failure to cooperate with the process. The appeals reviewer stated that Disability Evaluation Services needs to know more about the Appellant's current level of functioning. The appeals reviewer testified that because the application was incomplete, Disability Evaluation Services never initiated the 5-step disability review for the Appellant.

The Appellant verified her identity. The Appellant testified that she agreed with the income information and understood that her income is too high to qualify for CarePlus. The Appellant testified that she is maxed out financially and that she can only work part time and so is not eligible for health insurance through her employer. The Appellant testified that she hoped to receive MassHealth CommonHealth benefits because she hoped to continue seeing her same doctors.

Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64. Testimony, Exhibit 4.

2. The Appellant has a household size of one. Testimony, Exhibit 1.
3. The Appellant's income is 183.24% of the 2024 federal poverty level. Testimony, Exhibit 1.
4. On November 18, 2024, MassHealth notified the Appellant that it was downgrading her benefit from CarePlus to Health Safety Net. The Appellant's CarePlus benefit was scheduled to end on December 31, 2024. Exhibit 1.
5. On December 13, 2024, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.

Analysis and Conclusions of Law

As relevant here, MassHealth regulations provide that

505.008: MassHealth CarePlus

(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.

130 CMR 505.008(A).

As discussed above, the Appellant did not dispute that her income is 183.24% of the 2024 federal poverty level. Therefore, her income is greater than 133% of the 2024 federal poverty level and she is not eligible for MassHealth CarePlus. 130 CMR 505.008(A)(2)(c). Accordingly, MassHealth did not err in sending the November 18, 2024, notice and the appeal is denied.

Order for MassHealth

End 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.

Emily Sabo
Hearing Officer
Board of Hearings

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

UMASS Disability Evaluation Services, 333 South Street, Shrewsbury, MA 01545