

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|---------------|-----------------------|-----------|
| Appeal Decision: | Denied | Appeal Number: | 2419393 |
| Decision Date: | 3/12/2025 | Hearing Date: | 1/23/2025 |
| Hearing Officer: | Cynthia Kopka | | |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Carmen Rivera, Quincy 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

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|---------------------------|-----------------|--------------------------|---------------------------------|
| Appeal Decision: | Denied | Issue: | Community eligibility, under 65 |
| Decision Date: | 3/12/2025 | Hearing Date: | 1/23/2025 |
| MassHealth's Rep.: | Carmen Rivera | Appellant's Rep.: | Pro se |
| Hearing Location: | Quincy (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

By notice dated December 11, 2024, MassHealth downgraded Appellant's coverage from MassHealth CarePlus to Health Safety Net. Exhibit 1. Appellant filed this appeal in a timely manner on December 19, 2024 and was eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination, modification, or denial of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded Appellant's coverage from MassHealth CarePlus to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant no longer qualified for MassHealth CarePlus.

Summary of Evidence

The MassHealth representative appeared by phone and testified as follows. On November 27, 2024, MassHealth sent a renewal application to Appellant. Appellant timely returned the renewal on December 11, 2024. On December 11, 2024, MassHealth notified Appellant that her CarePlus coverage would end on January 31, 2025. Appellant was approved for Health Safety Net effective December 1, 2024. Exhibit 1.

Appellant is under the age of 65 and is in a household of two. Appellant reported that her gross monthly income is \$750 from Social Security. Appellant's spouse has monthly gross income of \$3,400 from Social Security and retirement. MassHealth determined that Appellant's household income is 238.64% of the federal poverty level (FPL). In order for Appellant to be eligible for MassHealth CarePlus, her prior benefit type, the household income would have to be 133% or less of the FPL. Appellant was eligible to enroll in a Health Connector plan. The MassHealth representative testified that Appellant has completed and submitted an adult disability supplement.

Appellant appeared by phone and submitted medical records to BOH indicating that she has disabling medical conditions. Exhibit 4. Appellant testified that even though her income has increased, her other expenses have also increased. Appellant described the copays she has to pay, which add up during months she has multiple medical appointments. Appellant is not able to walk or take public transportation and has to use Uber to get to appointments. Appellant has Section 8 housing and her rent has increased by \$250. Appellant's husband is older and on Medicare, so his income is used for his own medical expenses. Appellant expressed understanding that she will receive a determination from DES as to whether her medical conditions would qualify her for a disability determination, which if approved would allow for eligibility for MassHealth's CommonHealth program. Appellant also expressed understanding that she was eligible for a Health Connector plan if needed.

Findings of Fact

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

1. Appellant is in a household of two and under the age of 65.
2. Appellant's household gross income is \$4,150 monthly.
3. In 2024, the monthly FPL for a household of two was \$1,704; 133% of the FPL was \$2,266.
4. In 2025, the monthly FPL for a household of two is \$1,763; 133% of the FPL is \$2,345.

5. On December 11, 2024, MassHealth notified Appellant that her CarePlus coverage would end on January 31, 2025. Exhibit 1.
6. Appellant filed this timely appeal on December 19, 2024 and was eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (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 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 – for certain Medicare beneficiaries.

130 CMR 505.001(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. MassHealth determines financial eligibility based on an applicant's modified adjusted gross income. MassHealth takes the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) and subtracts deductions described in 130 CMR 506.003(D). 130 CMR 506.007. Per 130 CMR 506.003, the regulatory definitions of earned income, unearned income and deductions are as follows:

- (A) Earned Income.

(1) Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.

(2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.

(3) Earned income from S-Corporations or Partnerships is the total amount of taxable annual profit (or loss) after deducting business expenses listed or allowable on a U.S. Individual Tax Return.

(4) Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination.

(B) Unearned Income.

(1) Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S. Individual Tax Return.

(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

(C) Rental Income. Rental income is the total amount of taxable income less any deductions listed or allowable on an applicant's or member's U.S. Individual Tax Return.

(D) Deductions. 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.

An adult under the age of 64 is eligible for MassHealth's CarePlus benefit if their income at or below 133% of the FPL. 130 CMR 505.008(A)(2)(c). MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c).

Here, Appellant's household monthly gross income is \$4,150. This is higher than the 133% limit to qualify for MassHealth CarePlus. Accordingly, Appellant's income is too high for Appellant to be eligible for a MassHealth benefit. Appellant is eligible for a Health Connector plan. 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.

This appeal is denied.

Order for MassHealth

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171