

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|------------|------------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2419467 |
| Decision Date: | 3/19/2025 | Hearing Date: | 01/23/2025 |
| Hearing Officer: | Emily Sabo | Record Open to: | 02/20/2025 |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kristine Angelari, Tewksbury 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; Income |
| Decision Date: | 3/19/2025 | Hearing Date: | 01/23/2025 |
| MassHealth's Rep.: | Kristine Angelari | Appellant's Rep.: | Pro se |
| Hearing Location: | Tewksbury MassHealth Enrollment Center (Telephone) | 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 December 6, 2024, MassHealth notified the Appellant that it was terminating his MassHealth CarePlus benefit, effective January 31, 2025, on the grounds that his income is too high. *See* 130 CMR 505.008(A)(2)(c) and Exhibit 1. The Appellant filed this appeal in a timely manner on December 19, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth benefits on the grounds that his income is too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008(A)(2)(c), in ending the Appellant's MassHealth coverage based on income.

Summary of Evidence

The hearing was held telephonically. The MassHealth representative testified that the Appellant is an adult between the ages of [REDACTED] and has a household size of five, consisting of the Appellant, the Appellant's parents, one of whom is the head of household, and two of the Appellant's siblings, who are minors. The MassHealth representative testified that the Appellant's gross weekly income is \$1,730, and that one of his parents earns \$425 weekly, and the other parent earns \$300 weekly, for a total of \$2,455 weekly. The MassHealth representative testified that in order to qualify for MassHealth CarePlus, the Appellant's household income would have to be at or below \$4,055 monthly, which is 133% of the federal poverty level for 2024.

The Appellant verified his identity. The Appellant testified that he is the primary breadwinner for his household and that his parents are ill, which has impacted their ability to earn income. The Appellant testified that his income must go toward paying the rent, utilities, and expenses of the two children, and that there is not enough to pay for health insurance. The Appellant agreed with the income information but explained that there is less income available after taxes. The Appellant stated that his household is struggling and that he wanted to plead his case.

The record was held open until February 6, 2025, for the Appellant to submit supporting information on whether he qualified for any countable income deductions, including student loan interest payments. The record was held open until February 20, 2025, for MassHealth to review and respond. The Board of Hearings did not receive a submission from the Appellant during the record open period and the MassHealth representative confirmed that MassHealth did not receive any additional submissions from the Appellant during the record open period. Exhibit 6.

Findings of Fact

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

1. The Appellant is an adult between the ages of [REDACTED] and has a household size of five, consisting of the Appellant, the Appellant's parents, one of whom is the head of household, and two of the Appellant's siblings, who are minors. Testimony, Exhibit 4.
2. The Appellant's household has a countable weekly income of \$2,455. Testimony.

3. To qualify for MassHealth CarePlus, household income must be 133% or less of the federal poverty level, which equals \$4,055/month for a household of five in 2024. Testimony.
4. On December 6, 2024, MassHealth terminated the Appellant's CarePlus benefits, effective January 31, 2025, on the basis of income. Exhibit 1.
5. On December 19, 2024, the Appellant timely appealed to the Board of Hearings. Exhibit 2.

Analysis and Conclusions of Law

As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ 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
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults [REDACTED] years of age who are not eligible for MassHealth Standard;

¹ "Young adults" is defined at 130 CMR 501.001 as those aged [REDACTED]

² 130 CMR 505.008(F) provides:

(F) Medically Frail. If an individual is determined medically frail or is an individual with special medical needs and has been determined to meet the eligibility criteria for MassHealth CarePlus as described in 130 CMR 505.008, the individual may elect at any time to receive MassHealth Standard benefits, as described in 130 CMR 505.002(J). If at any time after enrolling in MassHealth CarePlus an individual becomes medically frail or is determined to be medically frail, the individual may elect to receive MassHealth Standard benefits. The effective date of MassHealth Standard is the date of the reported change. To be considered medically frail or a person with special medical needs, an individual must be

- (1) an individual with a disabling mental disorder (including children with serious emotional disturbances and adults with serious mental illness);
- (2) an individual with a chronic substance use disorder;
- (3) an individual with a serious and complex medical condition;
- (4) an individual with a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or
- (5) an individual with a disability determination based on Social Security criteria.

130 CMR 505.008(F).

(4) 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) Small Business Employee Premium Assistance for adults or young adults

(6) 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

(7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

130 CMR 505.001(A).

To establish eligibility for MassHealth, applicants must meet both the categorical and financial requirements. To calculate financial eligibility, MassHealth regulations at 130 CMR 506.007 provide that:

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by 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(M).

(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.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

(1) Multiply the annual 100% figure posted in the *Federal Register* by the applicable federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

130 CMR 506.007.

Here, to be eligible for MassHealth CarePlus, a household's countable modified adjusted gross income must be less than or equal to 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). In 2024, 133% of the federal poverty level for a household of one is \$4,055/month.³ Multiplying the Appellant's weekly income by 4.333, yields a monthly income of \$10,637.52. 130 CMR 506.007(A)(2)(c). Deducting 5% of the federal poverty level equals \$10,485.07 (\$10,637.52-\$152.45 = \$10,485.07). 130 CMR 506.007(A)(3). The Appellant's household income exceeds 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c).

Accordingly, the Appellant does not meet the financial requirements to qualify for MassHealth CarePlus. While I am sorry for the struggles of the Appellant's family, MassHealth did not err in issuing the December 6, 2024, notice, and the appeal is denied.

The Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765).

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

³ In 2025, this amount is \$4,173/month for a household of five. <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

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