

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500401
Decision Date:	3/10/2025	Hearing Date:	02/05/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Chantal Centeio, 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

Appeal Decision:	Denied	Issue:	Community Eligibility Under 65-Income
Decision Date:	3/10/2025	Hearing Date:	02/05/2025
MassHealth's Rep.:	Chantal Centeio	Appellant's Rep.:	Pro se
Hearing Location:	Remote	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 20, 2024, MassHealth notified Appellant that she is no longer eligible for CarePlus coverage due to income that exceeds program limits, and downgraded coverage to Health Safety Net (130 CMR 505.001, 506.007, 505.008 and Exhibit 1). Appellant filed this appeal in a timely manner on January 7, 2025 (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 notified Appellant that she is no longer eligible for CarePlus coverage due to income that exceeds program limits, and downgraded coverage to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 505.008, 506.007 in determining that Appellant is no longer eligible for CarePlus coverage due to income that exceeds program limits, and downgrading coverage to Health Safety Net.

Summary of Evidence

The MassHealth representative testified that Appellant is between [REDACTED] years of age and completed a MassHealth renewal application on December 20, 2024. Appellant is a household size of one non-disabled individual with reported earned monthly income totaling \$2,060.26 which equates to 159.16% of the federal poverty level. Appellant was receiving MassHealth CarePlus; however, because income exceeds 133% of the federal poverty level for a household of one person, \$1,670¹, Appellant is no longer MassHealth eligible and coverage was downgraded to Health Safety Net pending enrollment in a Health Connector Plan.

Appellant verified household size and income. Appellant testified that she is employed and typically works 35 hours per week at \$20 per hour; however, she anticipates that her income will decrease because she is returning to school and will work fewer hours. Appellant added that when her income decreases, she will send updated paystubs to MassHealth. Appellant added that she is enrolled in a Health Connector plan, but she feels the premiums are too high.

Findings of Fact

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

1. Appellant is between [REDACTED] years of age and completed a MassHealth renewal application on December 20, 2024.
2. Appellant is a household size of one non-disabled individual with reported earned monthly income totaling \$2,060.26 which equates to 159.16% of the federal poverty level.
3. 133% of the federal poverty level for a household of one person is, \$1,670 (2024), \$1,734 (2025).
4. Appellant is enrolled in a Health Connector plan.

Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits. (130 CMR 501.003(A)). MassHealth offers several coverage types. (130 CMR 501.003(B)). The coverage type for which an individual is eligible is based on their income and circumstances. (130 CMR 515.003(B)).

Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that

¹ Increased to \$1,734 for 2025.

must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (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 [REDACTED] 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 (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries

Pursuant to 130 CMR 506.003, countable household 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. MassHealth allows the following deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse;
- (9) individual retirement account (IRA);
- (10) student loan interest; and
- (11) higher education tuition and fees.

(130 CMR 506.003(D))

Appellant did not submit evidence of expenses corresponding to the allowable deductions enumerated at (130 CMR 506.003(D)). Countable income includes the total amount of taxable

earned income described in 130 CMR 506.003(A) in addition to unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D)). Income of all household members forms the basis for establishing an individual's eligibility (130 CMR 506.007). Appellant's reported earned income forms the basis for establishing eligibility for MassHealth. In determining monthly income for MassHealth purposes, 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 (130 CMR 506.007(A)). Appellant's reported gross earned income of \$2,060.26 per month places Appellant at 159% of the federal poverty level [$\$2,060 - \$62.50^2 = \$1,997.76$] [$\$1,997.76 \div \$1,255 = 159\%$]. MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of 1 [$\$1,670$] making Appellant ineligible for MassHealth CarePlus (130 CMR 505.008(A)).³ Because Appellant is not otherwise eligible for a MassHealth coverage type, MassHealth correctly issued notice of a downgrade in coverage to Health Safety Net, and the appeal is DENIED.

Appellant can direct any questions about the Health Connector to 1-877-623-6765 and can direct any questions about the Health Safety Net to 877-910-2100.

Order for MassHealth

None.

² 5% of \$1,255.

³ 130 CMR 505.008(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults [REDACTED] 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 [REDACTED] 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.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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