

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2501935
Decision Date:	03/14/2025	Hearing Date:	03/06/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:



Appearance for MassHealth:

Katelyn Costello, 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:	03/14/2025	Hearing Date:	03/06/2025
MassHealth’s Rep.:	Katelyn Costello	Appellant’s Rep.:	Pro se
Hearing Location:	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

Through a notice dated January 13, 2025, MassHealth downgraded the appellant's benefits from MassHealth CarePlus to Health Safety Net after MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth CarePlus. See 130 CMR 505.008 and Exhibit 1. The appellant's appeal was timely filed on January 29, 2025. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place to protect the appellant's benefits. Any MassHealth decision to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth downgraded the appellant's benefits from MassHealth CarePlus to the Health Safety Net.

Issue

Whether MassHealth was correct in downgrading the appellant's benefits pursuant to 505.008(A)(2)(c) and 130 CMR 506.007(A).

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The appellant appeared pro se and verified her identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant is an adult under the age of 65 who resides in a household of two including her spouse. The appellant had MassHealth CarePlus from January 6, 2023 to January 27, 2025 and Health Safety Net since January 3, 2025. The appellant completed a renewal application on January 13, 2025, and verified the household income of \$4,594.99 per month. The appellant earns \$1,475.23 per month from her employment and her spouse earns \$3,119.76 from his. The total household income equates to 264.76% of the federal poverty level (FPL) for a household of two which exceeds the limit for MassHealth CarePlus. The MassHealth representative stated that the income limit to receive MassHealth CarePlus is 133% of the FPL, or \$2,266.00¹ per month. The MassHealth representative testified that on February 4, 2024, MassHealth received updated income documents from the appellant. The appellant's income was verified as \$5,113.04 per month. This updated figure equates to 295.18% of the FPL.

The appellant verified her updated income and acknowledged that her income exceeds the limit for MassHealth benefits. However, she expressed frustration because she claimed she was misinformed by MassHealth. She explained that when she called the MassHealth customer service line, she was told her coverage would continue until April 13, 2025. She added that she believes that she is disabled and has submitted an adult disability application to MassHealth which is currently pending.

The MassHealth representative confirmed that an adult disability application has been submitted and is currently under review. She explained that the only April 13, 2025 date in MassHealth's system indicated the deadline for submitting proof of income to MassHealth.

Findings of Fact

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

1. The appellant is under the age of 65 and lives in a household of two, including her spouse. (Testimony and Exhibit 4).
2. The appellant had MassHealth CarePlus from January 6, 2023 to January 27, 2025 and Health Safety Net since January 3, 2025. (Testimony).

¹ This figure was increased to \$2,345.00 as of March 1, 2025.

3. The appellant completed a renewal application on January 13, 2025, and verified the household income of \$4,594.99 per month. (Testimony).
4. According to the Federal Poverty Guidelines, 133% of the federal poverty level is \$2,345.00² a month for a household of two. (Testimony; Federal Poverty Guidelines).
5. Through a notice dated January 13, 2025, MassHealth downgraded the appellant's benefits from MassHealth CarePlus to Health Safety Net after MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth CarePlus. (Testimony and Exhibit 1).
6. The appellant's appeal was timely filed on January 29, 2025. (Exhibit 2).
7. An aid pending protection was put in place to protect the appellant's benefits. (Testimony).

Analysis and Conclusions of Law

Generally, MassHealth regulations at 130 CMR 505.000 explain the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements **and** financial standards.

These coverage types set forth at 130 CMR 505.001(A) are as follows:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults³, 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) 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, CommonHealth, or CarePlus;
- (5) MassHealth 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

² Prior to March 1, 2025, 133% of the FPL was \$2,266.00 per month for a household of two.

³ "[Y]oung adults" are defined as those aged 19 and 20. See 130 CMR 501.001.

(6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

In this case, the appellant is between the ages of 21 and 64. Although, the appellant testified that she believes that she is disabled, she has not been determined to be disabled by the Social Security Administration or DES as her disability application is currently pending. As such, she meets the categorical requirements for MassHealth CarePlus. The question then becomes whether she meets the income requirements to qualify.

An individual between the ages of 21 and 64 who is categorically eligible for MassHealth CarePlus can only be financially eligible if “the individual’s modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” See 130 CMR 505.008(A)(2)(c); <https://www.mass.gov/doc/2024-masshealth-income-standards-and-federal-poverty-guidelines>. To determine financial eligibility pursuant to 130 CMR 506.007(A), MassHealth must construct a household as described in 130 CMR 506.002(B) for each individual who is applying for or renewing coverage. MAGI household composition rules used to determine member eligibility are the following:

- (1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of
 - (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
 - (b) the taxpayer’s spouse, if living with him or her regardless of filing status;
 - (c) all persons the taxpayer expects to claim as tax dependents; and
 - (d) if any individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

See 130 CMR 506.002(B).

Here, the appellant verified that she lives in a household of two including her spouse. Thus, the appellant meets the MAGI rules for a household of two.

Once the individual’s household size is established, his MassHealth MAGI household income is determined in the following manner:

- (2)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(K).

(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.

See 130 CMR 506.007(A).

Per MAGI rules as explained supra, the appellant lives in a household of two. She confirmed her income as \$4,594.99⁴ per month. To determine eligibility of the individual under the coverage type with the highest income standard, five percentage points of the current FPL is subtracted from the applicable household's countable income. See 130 CMR 506.007(A). For a household of two, 5 percentage points of the current FPL equals \$88.10 a month. After deducting five percentage points of the FPL from the appellant's total income (\$4,594.99-\$88.10), the appellant's countable income equals \$4,506.89. The income limit for MassHealth CarePlus is 133% of the FPL, or \$2,345.00 per month for a household of two. Since the appellant's income exceeds 133% of the FPL, the appellant is not financially eligible for MassHealth CarePlus benefits.

Although the appellant claimed that she was told that her coverage would continue until April 13, 2025. The MassHealth representative refuted this claim and stated that the only April 13, 2025, date in MassHealth's system indicated the deadline for submitting proof of income to MassHealth. Since the appellant offered no evidence in support of her claim, she has failed to meet her burden of proof as required. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings").

For the foregoing reasons, MassHealth's action is upheld, and the appeal is DENIED.

Order for MassHealth

Remove aid pending protection.

⁴ At the time of the hearing, the appellant verified her current income as \$5,113.04. However, for the purpose of this decision, the income being considered is the amount at the time of the notice under 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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