

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501997
Decision Date:	4/23/2025	Hearing Date:	03/06/2025
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:



Appearance for MassHealth:

Sherianne Paiva-Taunton 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:	Eligibility; Under 65; Downgrade; Over Income
Decision Date:	4/23/2025	Hearing Date:	03/06/2025
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton MassHealth Enrollment Center Room 1 (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 18, 2024, MassHealth notified the appellant that his benefits were being downgraded from MassHealth CarePlus to Health Safety Net because MassHealth determined there was a change in circumstances. (Exhibit 1). The appellant filed this appeal in a timely manner on or about January 30, 2025. (130 CMR 610.015(B); Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that his MassHealth benefits were being downgraded from MassHealth CarePlus to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's benefits from MassHealth CarePlus to Health Safety Net.

Summary of Evidence

The MassHealth representative appeared at the hearing telephonically and testified as follows: The appellant is an adult between the ages of [REDACTED]. He is a non-tax filer and resides in a household of 2. He previously received MassHealth CarePlus benefits based on his household income at that time. The MassHealth representative explained that previously, the appellant's reported household income amounted to \$1,745.00, which equated to 110% of the FPL for a household size of 2.¹ However, when MassHealth made this determination, it had not received the appellant's gross monthly income from retirement which totals \$754.00. On December 18, 2024, MassHealth performed a systematic data match which electronically verified the appellant's household income. The appellant's verified gross monthly household income amounts to \$2,499.00, which equates to 141.71% of the Federal Poverty Level (FPL) for his household size. To qualify for MassHealth benefits, the appellant's household income must be at or below 133% of the FPL, or \$2,345.00 per month for a household size of 2. On December 18, 2024, MassHealth notified the appellant that his CarePlus benefits were being downgraded to Health Safety Net on January 2, 2025, because of a change in his circumstances regarding his income. (Exhibit 1). The December 18th notice further informed the appellant that he is eligible to receive a ConnectorCare plan through the Massachusetts Health Connector. *Id.* On January 7, 2025, the appellant contacted MassHealth and self-attested that he was disabled. MassHealth mailed the appellant a Disability Supplement to be completed and returned to Disability Evaluation Services (DES) for review. On February 5, 2025, MassHealth was notified by DES that the appellant's Disability Supplement was incomplete.

The appellant appeared at the hearing telephonically with his spouse and his representative. His representative testified that the appellant re-submitted the requested paperwork to DES upon receiving notification that his initial application was incomplete. The MassHealth representative explained that DES is a separate department so she cannot verify whether DES received his submission. She suggested that the appellant contact DES.

The appellant's representative stated that the appellant previously received coverage as a disabled adult until he married his spouse. After he was married, his disability status ended because his household income increased. The MassHealth representative explained that the appellant's disability status would not end because of excess income. She stated that if DES determines an

¹ The appellant's reported household income of \$1,745.00 is the amount that his spouse receives from Social Security.

applicant is disabled and the applicant is over the income limit to received Standard coverage, he or she would be approved for CommonHealth coverage. She explained that CommonHealth coverage does not have an income limit. She stated that a monthly premium may be assessed for CommonHealth coverage, depending upon household income. The MassHealth representative stated that in reviewing the appellant's case, it appeared that DES removed the appellant's self-attestation of disability and is currently reviewing his application.

Next, the appellant's representative stated that after the appellant was approved for CarePlus coverage in October of 2024, he became eligible for early retirement. She explained that at the time that the appellant initially applied for MassHealth coverage, he was not eligible for retirement which is why he only reported his spouse's income. The appellant's representative testified that the appellant contacted the Health Connector after he received MassHealth's December 18th downgrade notice. The appellant was informed by the Health Connector that he must pay \$600 per month for a ConnectorCare plan. The appellant's representative argued that amount is a huge expense, given the appellant's monthly income. The MassHealth representative explained that while MassHealth does not have any jurisdiction on how the Health Connector sets its premiums, the appellant may not be eligible for a subsidized plan because he is listed as a non-tax filer. She stated that the appellant would need to file taxes to be eligible for a subsidized plan through the Health Connector.

Finally, the appellant's representative stated that the appellant has received mental health services since February 2019. Since MassHealth's December 18th downgrade, the appellant lost his mental health services. Also, the appellant's prescriptions are too costly for him to pay for out of pocket. As an example, the appellant's representative stated that one of the appellant's inhalers cost \$800. The MassHealth representative explained that because the appellant's household income currently exceeds the MassHealth limit, he is not currently eligible to receive MassHealth benefits at this time, absent a determination from DES. The appellant stated that he takes numerous medications and is worried that he will not be able to pay for them. The MassHealth representative suggested that he contact DES to ensure it has all his listed medications on file and to ask whether his application can be expedited.

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] he is a non-tax filer and lives in a household of 2.
2. The appellant was previously eligible for MassHealth CarePlus based on his reported household income at that time.

3. On or about December 18, 2024, MassHealth notified the appellant that his coverage was being downgraded from CarePlus to Health Safety Net on January 2, 2025 due to excess income.
4. On December 18, 2024, the appellant's verified household monthly income totaled \$2,499.00, which is equal to 141.71% of the FPL for a household of 2.
5. 133% of the FPL limit for a household size of 2 is \$2,345.00 per month.
6. The appellant is eligible for Health Safety Net coverage.
7. The appellant is eligible for a health care plan through the Health Connector.
8. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

(1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults², 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

² “Young adults” are defined at 130 CMR 501.001 as those aged [REDACTED]

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

The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition*. 130 CMR 505.001(B).

At issue in this case is MassHealth’s determination that the appellant is no longer eligible for MassHealth CarePlus benefits. To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, as an adult between the ages of [REDACTED] the appellant meets the categorical requirements for MassHealth CarePlus.³

An applicant is financially eligible for MassHealth CarePlus benefits if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” (130 CMR 505.002(C)(1)(a); 505.008(A)(2)(c)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing coverage. That regulation provides in relevant part as follows:

(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 woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

In the present case, the appellant does not dispute that he resides in a household of 2.

130 CMR 506.007 describes how an applicant’s modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

³ The record does not include any evidence to suggest that the appellant would be categorically eligible for any other MassHealth coverage type at this time.

(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. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level 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) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.

(2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.

(3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is \$2,499.00. This amount exceeds 133% of the FPL for a household of 2, which is \$2,345.00. Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the regulations. ⁴

This appeal is denied.⁵

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

⁴ If DES finds that the appellant is disabled, he will receive a notice regarding his eligibility; this notice may be separately appealed.

⁵ The 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.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616