

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2502306
Decision Date:	5/1/2025	Hearing Date:	03/06/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Elizabeth Cruz



*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:	5/1/2025	Hearing Date:	03/06/2025
MassHealth's Rep.:	Elizabeth Cruz	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 01/23/2025, MassHealth informed the appellant that he was no longer eligible for MassHealth benefits because his income exceeds the program limits. MassHealth informed the appellant that it planned to terminate his MassHealth benefits on 01/31/2025. Through the same notice, MassHealth informed the appellant he was eligible for Health Safety Net. The appellant was also referred to the Health Connector (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). The appellant filed a timely appeal on 02/06/2025 (130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is no longer eligible for MassHealth benefits.

Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing telephonically. The MassHealth representative testified that the appellant, counted as a part of a household of 2 people, was previously determined to be eligible for MassHealth CarePlus benefits. During a recent eligibility determination, MassHealth obtained the family's income information, which showed gross monthly income of \$2,368.00 per month. The income limit for MassHealth benefits for an adult male who has not been determined to be disabled, or HIV positive is 133% of the Federal Poverty Level (FPL), or \$2,266.00. Because the verified income exceeds 133% of the FPL, the appellant is no longer eligible for MassHealth benefits. MassHealth informed the appellant on 01/23/2025 that his MassHealth benefits would terminate on 01/31/2025. He was referred to the Health Connector and was approved for Health Safety Net for a limited time.

The appellant testified that MassHealth should not count his gross income because he has a deduction of \$265.00 per month for child support arrearages. As a result, he argues he should be eligible for MassHealth benefits based on his net income. The appellant provided no evidence to support his argument.

Findings of Fact

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

1. The appellant is between the ages of [REDACTED] (Testimony).
2. Prior to January 2025, the appellant was eligible for MassHealth CarePlus benefits.
3. For the purposes of MassHealth eligibility, the appellant is counted as part of a household of 2 people (Testimony).
4. The appellant's household has gross monthly income of \$2,368.00 per month from employment and Social Security (Testimony).
5. 133% of the federal poverty limit for a household of 2 is \$2,266.00 (03/2024).
6. On 01/23/2025, MassHealth informed the appellant that he was no longer eligible for MassHealth benefits because his income exceeds the guidelines for that benefit (Exhibit 1).
7. MassHealth informed the appellant that it planned to terminate his MassHealth benefits on

01/31/2025 based on the household's income (Exhibit 1).

8. MassHealth informed the appellant that he is eligible for the Health Safety Net. MassHealth also referred the appellant to the Health Connector (Testimony; Exhibit 1).
9. The appellant filed a timely appeal on 02/06/2025 (Exhibit 2).
10. A fair hearing was held on 03/06/2025. The appellant appeared telephonically, as did the MassHealth representative (Exhibit 3).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (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 old 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.

Regulations at 130 CMR 505.008 address MassHealth CarePlus, as follows:

(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]
- (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.

(Emphasis added.)

Prior to the events that gave rise to this appeal, the appellant was determined eligible for MassHealth CarePlus benefits, having met the financial eligibility requirements. After a recent eligibility review, MassHealth determined that the appellant is no longer eligible for MassHealth benefits because the household's income exceeds the guidelines for that benefit. MassHealth verified that the appellant's household's gross monthly income is \$2,368.00. He is counted as part of a household of 2 people. In order to be income-eligible for MassHealth CarePlus benefits, the household's gross monthly income cannot be more than 133% of the FPL, or \$2,266.00 for a household of two people. The appellant argued that MassHealth incorrectly counted his income because \$265.00 per month is deducted from his Social Security payment for child support arrearages. However, MassHealth's calculation of the appellant's household's income is correct and in compliance with the relevant regulations. MassHealth correctly counted the household's income of \$2,368.00 per month before deductions, which exceeds the income guideline for the appellant to be eligible for MassHealth benefits. MassHealth's determination is supported by the material facts in the hearing record, as well as the regulations. This appeal is therefore denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Additionally, if her income or household size changes, she should contact MassHealth for a new determination of benefits.

Order for MassHealth

None.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957