

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304626
Decision Date:	7/24/2023	Hearing Date:	07/18/2023
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Mother

Appearance for MassHealth:
Georges Jorcelin, Charlestown 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
Decision Date:	7/24/2023	Hearing Date:	07/18/2023
MassHealth's Rep.:	Georges Jorcelin	Appellant's Rep.:	Mother
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 June 1, 2023, MassHealth determined that Appellant is not eligible for MassHealth coverage because household income exceeds program limits, but Appellant is eligible to enroll in a Connector Plan (130 CMR 505.001 and Exhibit 1). Appellant filed this appeal in a timely manner on June 6, 2023 (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 determined that Appellant is not eligible for MassHealth coverage because household income exceeds program limits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 506.002 et seq. in determining that Appellant is not MassHealth eligible because household income exceeds program limits.

Summary of Evidence

The MassHealth representative testified that Appellant lives with her parents in a household size of 3. Appellant is claimed as a tax-dependent of the head of household. Appellant is ■ years old and a full-time student. Appellant is not employed. No disabilities are indicated, and Appellant is not pregnant. Appellant's parents are employed, and as part of a review on May 24, 2023, Appellant reported combined monthly gross earnings of \$5,665.59, which equates to 268% of the federal poverty level for a household of 3. Household income was verified through a 2022 form 1040 and paystubs submitted with the application. MassHealth testified that because Appellant's parents claim Appellant as a tax dependent, all household income is countable in determining eligibility, and household income exceeds 133% of the federal poverty level, \$2,756 for a household of 3, resulting in termination of Standard benefits. The MassHealth representative testified that if Appellant chose to file taxes separately, she would be eligible for MassHealth Standard as she is under 21 years of age and would transition to MassHealth CarePlus as a young adult if her income is under 150% of the federal poverty level. Appellant was determined eligible for a Health Connector Plan with Health Safety Net.

Appellant's mother testified that she does not feel that household income should be considered in determining Appellant's MassHealth eligibility because she is a full-time student with no income of her own. Further, household income is absorbed by rent she and her husband pay each month, along with living expenses which makes paying for health insurance each month impossible. She added that she contacted the Health Connector and was told that plans cost \$183 per month and have high deductibles.

Findings of Fact

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

1. Appellant is ■ years old and a full-time student. Appellant is not employed. No disabilities are indicated, and Appellant is not pregnant.
2. Appellant's parents are employed, and effective May 24, 2023, reported combined monthly gross earnings of \$5,665.59.
3. Household income was verified through a 2022 form 1040 and paystubs submitted with the MassHealth application.
4. Appellant's parents claim Appellant as a tax dependent.
5. Monthly federal poverty levels for a household size of 3 are: 133%: \$2,756; 150%: \$3,108; 300%: \$6,215.

Analysis and Conclusions of Law

Effective April 1, 2023, MassHealth no longer maintains continuous coverage related to the COVID-19 pandemic for members if they have been successfully renewed in the last 12 months.¹ A renewal application was submitted on June 14, 2023 (Exhibit 4, p. 2). Therefore, Appellant's application and eligibility is determined based on MassHealth coverage criteria.² Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

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

- (1) Standard – for pregnant women, 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 members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (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 who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (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

¹ See Eligibility Operations Memo 23-11 April 2023.

² See Eligibility Operations Memo 23-18 July 2023.

504.003: *Immigrants*; and

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

The financial standards referred to in 130 CMR 505.000 et. seq. 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)); and in this case 130 CMR 506.002(B)(2) applies, and Appellant is correctly included in the household composition.³ Countable household income includes earned, unearned, and rental income,⁴ less deductions described in 130 CMR 506.003(D), none of which were asserted as applicable by Appellant at hearing.⁵ Appellant is ■ years old, and is not disabled or unemployed. Appellant is a full-time

³ (B) MassHealth MAGI Household Composition.

(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.

(2) Individuals Claimed as a Tax Dependent on Federal Income Taxes.

(a) For an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which the initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.002(B)(2)(b)1., 2., or 3., the household consists of

1. the individual;
2. the individual's spouse, if living with him or her;
3. the taxpayer claiming the individual as a tax dependent;
4. any of the taxpayer's tax dependents; and
5. if any woman described in 130 CMR 506.002(B)(2)(a)1. through 4. is pregnant, the number of expected children.

(b) Medicaid Exceptions. Household size must be determined in accordance with non-tax filer rules for any of the following individuals

1. individuals other than the spouse or natural, adopted, or stepchild who expect to be claimed as a tax dependent by the taxpayer;
2. individuals younger than 19 years old who expect to be claimed by one parent as a tax dependent and are living with both natural, adopted or stepparents, but whose natural, adopted, or stepparents do not expect to file a joint tax return;
3. individuals younger than 19 years old who expect to be claimed as a tax dependent by a noncustodial parent. For the purpose of determining custody, MassHealth uses a court order or binding separation, divorce, or custody agreement establishing physical custody controls or, if there is no such order or agreement or in the event of a shared custody agreement, the custodial parent is the parent with whom the child spends most nights.

⁴ See 130 CMR 506.003 (A)-(C).

⁵ The following are allowable 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

student. Appellant's parents are employed, and on May 24, 2023 reported combined monthly gross earnings of \$5,665.59. Therefore, MassHealth correctly determined that Appellant is not eligible for MassHealth Standard coverage because household income exceeds 150% of the federal poverty level, \$3,108 (130 CMR 505.002(B)(3)).⁶ Appellant is not eligible for CarePlus because she is not 21 years of age, and household income exceeds 133% of the federal poverty level (130 CMR 505.008). Children who are citizens as defined in 130 CMR 504.002: *U.S. Citizens*, lawfully present immigrants, as defined in 130 CMR 504.003(A): *Lawfully Present Immigrants*, or nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, whose modified adjusted gross income of the MassHealth MAGI household is greater than 150% and less than or equal to 300% of the federal poverty level (FPL) are eligible for MassHealth Family Assistance (130 CMR 505.005); however, Appellant is [REDACTED] years old, and is not considered a child for MassHealth purposes; therefore she is not eligible for Family Assistance.⁷ Finally, Appellant is not eligible for MassHealth Limited because income of the MassHealth MAGI household exceeds 150% of the FPL (130 CMR 505.006(B)(1)(a)(3)).

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or Health Safety Net to 877-910-2100.

Because the MassHealth determination is correct, the appeal is DENIED.

Order for MassHealth

None.

savings;(8) alimony paid to a former spouse; 9) individual retirement account (IRA);(10) student loan interest; and (11) higher education tuition and fees.

⁶ 130 CMR 505.002 (B)(3) Young Adults (a) A young adult is eligible if: 1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level (FPL); and 2. the young adult is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as described in 130 CMR 504.003(A).

⁷ See 130 CMR 505.001: Child – a person younger than 19 years old.

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: Appeals Coordinator, Charlestown MEC