

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401745
Decision Date:	04/12/2024	Hearing Date:	03/06/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jamie Zalucki

Interpreter:



*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 Years of Age (HCR)
Decision Date:	04/12/2024	Hearing Date:	03/06/2024
MassHealth's Rep.:	Jamie Zalucki	Appellant's Rep.:	Pro se
Hearing Location:	Springfield 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 01/23/2024, MassHealth informed the appellant that she was not eligible for MassHealth benefits (130 CMR 502.003; 506.007(B); Exhibit 1). The appellant filed a timely appeal on 02/02/2024 (130 CMR 610.015(B) and Exhibit 2). Denial of benefits is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing telephonically. Exhibits 1 – 3 were marked and admitted into evidence.

The MassHealth representative testified that the appellant completed a telephone application on 01/23/2024. She is between the ages of 19 and 64 years of years and she lives in the community with the father of her two children. The appellant is a tax filer who claims herself and one of her children as a tax dependent. The children's father files his own taxes and claims the other child as a tax dependent. The appellant and the child she claims as a dependent on her taxes are counted as a household of two for MassHealth eligibility purposes.

The appellant has gross monthly income of \$2,470.38, which equals 145.33% of the federal poverty level (FPL). The income limit for an adult to receive MassHealth benefits is 133% of the FPL or \$2,266.00. Because the appellant has income that exceeds the guidelines for eligibility, her application for MassHealth benefits was denied. MassHealth informed the appellant that she was approved for Health Safety Net and she was referred to the Health Connector.

The appellant testified with the assistance of a Spanish language interpreter. She testified that she wanted the family to be counted together, as a household of four people. The appellant testified that she and the children's father live together with the two children. They are not married. The appellant did not dispute her tax-filer status or MassHealth's calculation of her income.

Findings of Fact

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

1. The appellant is between the ages of 19 and 64 (Testimony).
2. The appellant is a tax filer who claims one of her children, who is under 19 years of age, as a dependent on her taxes (Testimony).
3. MassHealth counted the appellant as part of a household of two people (Testimony).
4. The appellant has gross monthly income of \$2,740.38 from employment (Testimony).
5. 133% of the federal poverty level for a household of two people is \$2,266.00 (03/2024).
6. On 01/23/2024, MassHealth informed the appellant that it denied her application because her family's income exceeds the guidelines for her to be eligible for MassHealth benefits (Exhibit 1).

7. MassHealth informed the appellant that she is eligible for a Health Connector plan. She would need to call the Health Connector to enroll (Testimony; Exhibit 1).
8. MassHealth informed the appellant that she is eligible for Health Safety Net (Testimony; Exhibit 1).
9. The appellant filed a timely appeal on 02/02/2024 (Exhibit 2).
10. A fair hearing was held on 03/06/2024. 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 21 through 64 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 505.002(C) address MassHealth Standard eligibility for parents of children under 19 years of age, as follows:

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and

(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care in the case of a parent who is separated or divorced, has custody of their children, or have children who are absent from home to attend school; or the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care, if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M)

(Emphasis added.)

Regulations at 130 CMR 506.002 address Household Composition as follows:

(A) Determination of Household Composition. MassHealth determines household size at the individual member level. MassHealth determines household composition in two ways.

(1) MassHealth Modified Adjusted Gross Income (MAGI) Household Composition. MassHealth uses the MassHealth MAGI household composition rules to determine member eligibility for the following benefits:

- (a) MassHealth Standard***, as described in 130 CMR 505.002(B), (C), (D), (F), and (G);
- (b) MassHealth CommonHealth***, as described in 130 CMR 505.004(F) and (G);
- (c) MassHealth CarePlus***, as described in 130 CMR 505.008: MassHealth CarePlus;
- (d) MassHealth Family Assistance***, as described in 130 CMR 505.005(B) through (E);
- (e) MassHealth Limited***, as described in 130 CMR 505.006: MassHealth Limited; and
- (f) Children's Medical Security Plan (CMSP)***, as described in 130 CMR 522.004: Children's Medical Security Plan (CMSP).

(2) MassHealth Disabled Adult Household. MassHealth uses the MassHealth Disabled Adult household composition rules to determine member eligibility for the following benefits:

- (a) MassHealth Standard***, as described in 130 CMR 505.002(E): Disabled Adults;
- (b) MassHealth CommonHealth***, as described in 130 CMR 505.004(B) through (E); and
- (c) MassHealth Family Assistance***, as described in 130 CMR 505.005(F): Eligibility Requirement for Disabled Adults Who Are Qualified Noncitizens Barred, Nonqualified Individuals Lawfully Present, and Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth Disabled Adult Household at or Below 100% of the Federal Poverty Level.

(B) MassHealth MAGI Household Composition.

(1) Taxpayers Not Claimed as a Tax Dependent on Their 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 their spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
 - (b) the taxpayer's spouse, if living with them 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.
- (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 them;
 - 3. the taxpayer claiming the individual as a tax dependent;
 - 4. any of the taxpayer's tax dependents; and
 - 5. if any individual 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 tax payer;
 - 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.

The appellant completed an application for MassHealth benefits on 01/23/2024. She is a tax filer who claims one child as a dependent. MassHealth counted the family as a household of two for the purposes of MassHealth eligibility. In doing so, MassHealth compared the household's gross monthly income of \$2,470.00 to 133% of the federal poverty level (FPL) for a household of two, \$2,266.00. Because the appellant's income exceeds 133% of the FPL, MassHealth denied the appellant's application for MassHealth benefits. She was determined to be eligible for a Health Connector plan and Health Safety Net.

The appellant argued that she lives with her two children who are under 19 years of age and the children's father. They are not married. She and the children's father file taxes separately, each

claiming one child as a dependent. She asserted that because they live together, MassHealth should count them as a household of four.

The above regulations support MassHealth's determination of the household size. Because the appellant files taxes and claims one child, MassHealth correctly applied the above regulation in counting the household as two people. The appellant's income was uncontested. Therefore, MassHealth's determination that the appellant's income exceeds the limits for her to receive MassHealth benefits is supported by the facts in the hearing record and the above regulations. This appeal is therefore denied.

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. 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

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104