

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407310
Decision Date:	7/8/2024	Hearing Date:	06/13/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jasmine Gomez, Tewksbury 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:	7/8/2024	Hearing Date:	06/13/2024
MassHealth's Rep.:	Jasmine Gomez	Appellant's Rep.:	Pro se
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 April 8, 2024, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeds the allowed threshold for MassHealth. See 130 CMR 506.003; 130 CMR 506.007(B); and Exhibit 1. The appellant filed this appeal in a timely manner on May 6, 2024. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits because his income exceeded the allowed threshold.

Issue

Whether MassHealth correctly determined that the appellant is not eligible for MassHealth benefits, pursuant to 130 CMR 506.007(A); 130 CMR 506.007(B); and 130 CMR 505.001.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The appellant appeared pro se and verified his 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 lives in a one-person household. The appellant has had MassHealth Standard since May 8, 2020. This coverage ended on November 30, 2023, after the public health emergency due to COVID-19 pandemic was lifted. On February 1, 2024, MassHealth determined that the appellant was qualified for Massachusetts Health Connector Plan 3B. On April 8, 2024, MassHealth made a redetermination of benefits and through a notice dated on the same day notified the appellant that he is not qualified for MassHealth benefits but he is qualified for Health Connector Plan 3B starting on January 9, 2024.

The MassHealth representative testified that the appellant's earned income was verified as \$1,436.22 every two weeks. This figure equates to 242.99% of the federal poverty level (FPL) for a household of one, which exceeds the limit for MassHealth Standard. The MassHealth representative stated that the income limit to be eligible for MassHealth Standard is 133% of the federal poverty level, or \$1670.00 per month.

The appellant confirmed his income and family size. The appellant stated that he does not think that he can afford the Health Connector Plan premium, but he has not investigated the matter. He stated that he believes because he has epilepsy he is disabled. He said that he is aware of the process of disability determination, but the process is too burdensome. He added that after paying his other expenses including child support, he barely has money to pay for his food. The appellant testified that although he co-parents his child, he does not claim his child on his taxes.

Findings of Fact

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

1. The appellant is under age 65 and lives in a one-person household. (Testimony).
2. The appellant does not claim his child as his tax dependent. (Testimony).
3. The appellant was on MassHealth Standard since May 8, 2020. (Testimony and Exhibit 4).
4. The appellant MassHealth Standard coverage ended on November 30, 2023. (Testimony and Exhibit 4).
5. On February 1, 2024, the appellant was qualified for Massachusetts Health Connector Plan

3B. (Testimony).

6. On April 8, 2024, MassHealth redetermined the appellant's benefits and through a notice on the same day notified the appellant that he is not qualified for MassHealth benefits due to his income exceeding the allowed threshold. (Testimony and Exhibit 1).
7. The appellant filed a timely notice of appeal on May 6, 2024. (Exhibit 2).
8. The appellant verified that his gross biweekly income is \$1,436.22. (Testimony).
9. According to the Federal Poverty Guidelines, 133% of the FPL is \$1,670.00 a month for a household of one. (Testimony and Federal Poverty Guidelines).
10. The appellant has not been determined disabled.¹ (Testimony).
11. The appellant has not submitted a disability application to MassHealth. (Testimony).
12. The appellant may obtain health insurance through Massachusetts Health Connector. (Testimony and Exhibit 1).

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 adults², 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,

¹ Disability is defined by 103 CMR 501.001 and by 42 U.S.C.A. § 1382c(a)(1), et seq.

² “[Y]oung adults” are defined as those aged 19 and 20. See 130 CMR 501.001.

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

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

In this case, the appellant is over the age of 21 but under 65. He has not presented any evidence that he has any of the listed health conditions. Although, the appellant testified that he believes he is disabled, he has not filed a disability application with MassHealth. In fact, he stated that he is aware of the process of qualification for disability, but he concluded that it was too burdensome. Thus, as he does not belong to a category to qualify for MassHealth Standard, or CommonHealth, he meets the categorical requirements for MassHealth CarePlus. The question then becomes whether he 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.” 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.

130 CMR 506.002(B).

Here, the appellant stated that he co-parents his child. However, he testified that he does not

claim his child as his tax dependent. Thus, the appellant meets the MAGI rules for a household of one.

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.

130 CMR 506.007(A).

Pursuant to 130 CMR 506.003(A)(1), countable income includes, in relevant part, earned income which is "the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses."

Additionally, under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;

- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

See 130 CMR 506.003(D).

The appellant testified that he pays child support as well as other expenses and requested that these expenses be considered. Since the appellant's child support and other household expenses do not fall within the allowable deductions enumerated in 130 CMR 506.003(D), they cannot be allowed as a deductions.

Thus, per MAGI rules as explained supra, the appellant lives in a household of one. He confirmed his total gross income to be \$3,111.57 per month.³ Pursuant to 130 CMR 506.007(A), 5 percentage points of the current FPL is deducted to determine countable income. See 130 CMR 506.007(A)(3). For a household of one, 5 percentage points of the current FPL equals \$62.75 a month. Accordingly, the appellant's countable income is \$3,048.82 per month. The income limit for MassHealth CarePlus is 133% of the FPL, or \$1,670.00 per month for a household of one. Since the appellant's income exceeds 133% of the FPL, the appellant is not financially eligible for MassHealth CarePlus benefits.

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

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

³ In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. See 130 CMR 506.007(A).

receipt of this decision.

Sharon Dehmand
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290