

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410387
Decision Date:	9/23/2024	Hearing Date:	08/13/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Nicole Veras, Tewksbury MassHealth
Enrollment Center



*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:	Under 65; Eligibility; Income
Decision Date:	9/23/2024	Hearing Date:	08/13/2024
MassHealth's Rep.:	Nicole Veras	Appellant's Rep.:	
Hearing Location:	Remote	Aid Pending:	Yes

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 7, 2024, MassHealth downgraded the appellant's benefits from MassHealth Standard to the Health Safety Net benefits because MassHealth determined that the appellant has had a change in her circumstances. *See* 130 CMR 505.002(B)(3) and Exhibit 1. The appellant filed this appeal in a timely manner on July 1, 2024, and Aid Pending was applied. *See* 130 CMR 610.015(B) and Exhibit 2. Challenging agency action regarding scope and amount of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded the appellant's benefits from MassHealth Standard to the Health Safety Net due to a change in her income standards after turning 21.

Issue

The appeal issue is whether MassHealth correctly determined that the appellant is no longer eligible for benefits beyond the Health Safety Net.

Summary of Evidence

The appellant is an adult under the age of 65. She appeared at the hearing by telephone and was assisted by her mother. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The following is a summary of the evidence and testimony provided at the hearing:

Prior to the notice at issue, the appellant was receiving MassHealth Standard as a young adult. She resides in a household of five as a tax dependent of her mother with her three younger siblings. On June 7, 2024, MassHealth conducted a batch redetermination, in which the computer system automatically verifies information to ensure its members' continued eligibility. On that date, MassHealth determined that the appellant, having turned [REDACTED] in [REDACTED] is no longer a young adult subject to looser financial requirements to qualify for benefits, and her household income places her over the limit to qualify for benefits beyond the Health Safety Net as an adult. Therefore, on that day, MassHealth issued a notice downgrading the appellant's benefits from MassHealth Standard to the Health Safety Net. The appellant's representative reported that the appellant's mother earns \$72,794.00 in yearly gross wages, and that the appellant and some of her siblings also earn income.

The appellant and her mother agreed with MassHealth's calculation of the mother's income. They stated that the appellant is entering her senior year of college and believe it to be unfair for her benefits to be terminated while she is still a student. The appellant reported that she does not have a breast or cervical cancer diagnosis, she is not HIV positive, she is not pregnant, and she does not have a disability. The appellant requested that her MassHealth Standard remain in place while she finishes college.

Findings of Fact

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

1. The appellant is an adult under the age of 65 who resides in a household of five as a tax dependent of her mother with her three younger siblings. Testimony, Exhibit 4.
2. The appellant was receiving MassHealth Standard benefits as a young adult prior to the issuance of the notice at issue. Testimony, Exhibit 1.
3. The appellant turned [REDACTED] on [REDACTED] 2024. Exhibit 4.
4. On June 7, 2024, the MassHealth computer system automatically reviewed the appellant's account to confirm her eligibility. Testimony. On that day, MassHealth determined that the appellant is no longer eligible for MassHealth Standard based on her age and her household

income and issued a notice downgrading her benefits from MassHealth Standard to the Health Safety Net. Testimony, Exhibit 1.

5. The appellant filed a timely request for fair hearing on July 1, 2024, and Aid Pending was applied. Exhibit 2.

6. The appellant's mother earns a yearly gross income of \$72,794.40 in wages. Testimony.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type for individuals who are under the age of 65. 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:

- (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 504.003: *Immigrants*; and
- (7) *Senior Buy-In and Buy-In* - for certain Medicare beneficiaries.

130 CMR 505.001(A). Young adults are defined as individuals between the age of 19 and 20. *Id.* at 505.002(B)(3).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant is now over the age of 21 (but under 65), is not a caretaker of a child, and has none of the listed health conditions. Thus, as she does not belong to a category to qualify for MassHealth Standard, she meets the categorical requirements for MassHealth CarePlus.¹ The question then remains as to whether he meets the income requirements to qualify.

An individual between the ages of 21 and 64 who does not qualify for MassHealth Standard is eligible for MassHealth CarePlus 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 505.008(A)(2). To determine financial eligibility pursuant to 130 CMR 506.007, MassHealth must construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

(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.

Here, the appellant does not challenge that she resides in a household of five with her mother and three younger siblings. Based on 2024 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level equates to a monthly income of \$4055.00, or a yearly income of \$48,660.00 for a household of that size. *See chart at* <https://www.mass.gov/doc/2024-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

MassHealth determines an applicant’s modified adjusted gross income (MAGI) by taking the

¹ Prior to turning [REDACTED] the appellant was subject to the less restrictive income requirements for young adults, described at 130 CMR 505.002(3), which is why she was previously eligible for MassHealth Standard. Now that she has turned [REDACTED] her eligibility is now determined based on the standards set for individuals between the ages of [REDACTED]

countable income, which includes earned income as 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). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

...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(C). Income of all the household members forms the basis for establishing an individual's eligibility. 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).

(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 (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.

(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.

(D) Safe Harbor Rule. The MassHealth agency will provide a safe harbor for individuals whose household income determined through MassHealth MAGI income rules results in financial ineligibility for MassHealth but whose household income determined through Health Connector income rules as described at 26 CFR 1.36B-1(e) is below 100 percent FPL. In such case, the individual's financial eligibility will be determined in accordance with Health Connector income rules.

(1) MassHealth uses current monthly income and the Health Connector uses projected annual income amounts.

(2) MassHealth MAGI household uses exceptions to tax household rules and the Health Connector uses the pure tax filing household.

(E) MAGI Protection for Individuals Receiving MassHealth Coverage on December 31, 2013. Notwithstanding the above, in the case of determining ongoing eligibility for individuals determined eligible for MassHealth coverage to begin on or before December 31, 2013, application of the MassHealth MAGI Household Income Calculation methodologies as set forth in 130 CMR 506.007 will not be applied until March 31, 2014, or the next regularly scheduled annual renewal of eligibility for such individual under 130 CMR 502.007, whichever is later, if the application of such methodologies would result in a downgrade of benefits.

Per 130 CMR 506.003(A), countable income includes “wages, salaries, tips, commissions, and bonuses.”

In this case, MassHealth determined, and the appellant agreed, that the appellant’s mother earns approximately \$72,794.40 in gross yearly income. That amount exceeds 133% of the federal poverty level for a household of five based on the income standards for 2024, even without taking any income of the appellant and her siblings into consideration. The appellant is therefore no longer financially eligible for MassHealth benefits beyond the Health Safety Net while she remains a tax dependent of her mother. I was unable to uncover any regulations that provide protections of MassHealth benefits for any individuals while they are enrolled as students at any educational institutions. Thus, I find that MassHealth did not err in issuing the June 7, 2024, notice downgrading the appellant’s benefits from MassHealth Standard to the Health Safety Net.

To the extent that the appellant argues that the MassHealth regulations are unfair, this fair hearing offers her no mechanism for a remedy, and the appellant should seek relief in the courts. See 130 CMR 610.082(C) (“If the legality of such law or regulations is raised by the appellant, the hearing officer must render a decision based on the applicable law or regulation as interpreted by the MassHealth agency...[and] cannot rule on the legality of such law or regulation and [such a challenge] must be subject to judicial review in accordance with 130 CMR 610.092”).

For the foregoing reasons, the appeal is denied.

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.

Order for MassHealth

None, other than to remove Aid Pending.

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.

Mariah Burns
Hearing Officer
Board of Hearings

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