

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418062
Decision Date:	2/18/2025	Hearing Date:	01/09/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Christine Richelson, 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:	Eligibility; Over Income; Under 65
Decision Date:	2/18/2025	Hearing Date:	01/09/2025
MassHealth's Rep.:	Christine Richelson	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 November 10, 2024, MassHealth found appellant does not qualify for MassHealth benefits because she was over income. (Ex. 1). Appellant filed this appeal in a timely manner on November 20, 2024. (130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant benefits because she was over income.

Issue

Was MassHealth correct in denying benefits for appellant because she was over income.

Summary of Evidence

Appellant and the MassHealth worker (worker) appeared by phone and were sworn. The worker testified there was a renewal completed on September 30, 2024. The worker stated a request for information was sent out on the same day and on October 22, 2024 appellant's husband provided

pay stubs indicating he makes \$1,153.85 a week from employment and appellant provided a zero income affidavit. The worker stated this gives appellant a monthly income of \$4,995 a month and a Federal Poverty Level (FPL) of 159.01%. The worker testified appellant is in a household of 5, with her and her husband being a married couple who file taxes jointly and claim 3 children. The worker stated appellant is over the FPL of 133% for a family of 5 and exceeds the maximum monthly income of \$4,055. The worker stated appellant is under the age of [REDACTED] (Ex. 4). The worker stated there was no verified disability as of the date of the hearing and appellant qualified for a Health Connector plan and the 3 children were on MassHealth Family Assistance. (Testimony).

Appellant did not have any questions for the worker. She wanted to know her current status and she was told she is enrolled on Health Connector with a plan with Tufts. Appellant confirmed her husband's weekly income.

Findings of Fact

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

1. Appellant filed a renewal application in September 2024. (Testimony).
2. Appellant's total income from her husband is \$1,153.85 a week from employment. (Testimony).
3. Appellant is in a household of 5. (Testimony).
4. 133% of the federal poverty level is \$4,055 a month for a household of 5. (130 CMR 505.008 (A)); 2024 MassHealth Income Standards and Federal Poverty Guidelines). Appellant is eligible for Health Connector. (Testimony).
5. Appellant does not have a verified disability and is under the age of [REDACTED] (Testimony; Ex. 4).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." [REDACTED]

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

(1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults¹, 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 of age 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.

The financial standards referred to in 130 CMR 505.000 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).

At issue in this case is MassHealth’s determination that the appellant is not eligible for MassHealth benefits. As of the hearing date, the appellant did not meet any of the categorical requirements for MassHealth Standard or CommonHealth eligibility; She is therefore not currently eligible for either of these coverage types.

The procedures for calculating financial eligibility for both MassHealth MAGI and MassHealth Disabled Adult households are set forth at 130 CMR 506.007:

- (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 in 130 CMR 506.002 with the applicable income standard for the specific coverage type.

¹ “Young adults” are defined at 130 CMR 501.001 as those aged [REDACTED]

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by 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(M).

(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.

Under 130 CMR 506.002(B)(1), the MassHealth MAGI household for a taxpayer not claimed as a tax dependent 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.

Under these rules, appellant has 3 tax dependents, therefore, has a MassHealth MAGI household of 5, consisting of herself, her husband and three children. The appellant's weekly household income is \$1,153.85 from employment.² Multiplying this by 4.333 equals a monthly income of

² There is no evidence that any of the income deductions listed at 130 CMR 506.003(D) apply to the

\$4,995.95. This figure is approximately 159.01% of the federal poverty level for a household of 5 and over the income limit of 133% FPL, or a maximum of \$4,055 a month, even with the five-percentage-point deduction set forth in 130 CMR 506.007(A)(3).³ Accordingly, MassHealth's determination that the appellant is over income is correct.

This appeal is denied.

Order for MassHealth

appellant's case. These deductions, which are subject to changes in federal law, are set forth as follows: (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.

³ As set forth above, that section provides that "[f]ive 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." Five percentage points of the current FPL (\$4,055 per month for a household of one) is \$202.75 per month.

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.

Thomas Doyle
Hearing Officer
Board of Hearings

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