

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2418743
<b>Decision Date:</b>	02/07/2025	<b>Hearing Date:</b>	01/17/2025
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Katie Burgess, Taunton 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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Community Eligibility – under 65; Income
<b>Decision Date:</b>	02/07/2025	<b>Hearing Date:</b>	01/17/2025
<b>MassHealth's Rep.:</b>	Katie Burgess	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 November 20, 2024, MassHealth approved the appellant for MassHealth CarePlus coverage. On November 27, 2024, MassHealth downgraded the appellant's benefits from MassHealth CarePlus to Health Safety Net after MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth CarePlus. See 130 CMR 505.008 and Exhibit 1. The appellant's appeal was timely filed on December 9, 2024. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place to protect the appellant's MassHealth benefits. Any MassHealth decision to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

### Action Taken by MassHealth

MassHealth downgraded the appellant's benefits from MassHealth CarePlus to the Health Safety Net.

### Issue

Whether MassHealth was correct in downgrading the appellant's benefits pursuant to 505.008(A)(2)(c) and 130 CMR 506.007(A).

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. The appellant appeared pro se and verified her identity. The appellant's mother was also present and participated in this hearing because her own appeal was scheduled separately but immediately prior her daughter's appeal.<sup>1</sup> 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 household of two. She is a non-tax filer and is being claimed as a dependent by her mother who is the head of household. She had MassHealth CarePlus from June 29, 2021 to November 10, 2024. A system update verified that the appellant earns \$331.61 per week and her mother earns \$352.00 per week, totaling \$2,962.08 per month. The MassHealth representative explained that because the appellant is a tax dependent, her income is also included in the total household income for MassHealth benefits. She added that this figure equates to 168.90% of the federal poverty level (FPL) for a household of two which exceeds the limit for MassHealth CarePlus. The MassHealth representative stated that the income limit to receive MassHealth CarePlus is 133% of the FPL. A notice was issued on November 27, 2024, downgrading the appellant's MassHealth coverage from MassHealth CarePlus to Health Safety Net. The appellant is appealing this notice. An aid pending protection was put in place protecting the appellant's MassHealth coverage. The MassHealth representative suggested that if the appellant's mother stopped claiming her as a dependent and they each submitted separate MassHealth applications, it is likely they would both qualify for MassHealth benefits.

The appellant's mother confirmed claiming her daughter as a dependent. The appellant testified that she has returned to school and that her income has been reduced to \$240.00 per week. The appellant's mother testified that due to her declining health, she has been unable to work as much, resulting in a reduced income of \$275.00 per week. The MassHealth representative advised the appellant to submit recent pay stubs for herself and the household for redetermination by MassHealth.

The appellant expressed her intention to submit a separate application to MassHealth for benefits. The appellant's mother stated that she will stop claiming her daughter as a tax dependent allowing her daughter to file separately for MassHealth benefits.

## Findings of Fact

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

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<sup>1</sup> A separate appeal decision has been issued for the appellant's mother.

1. The appellant is under the age of 65 and lives in a household of two with her mother as the head of household. (Testimony and Exhibit 4).
2. The appellant a non-tax filer and is being claimed as a tax dependent by her mother. (Testimony).
3. On November 20, 2024, MassHealth approved the appellant for MassHealth CarePlus coverage. (Exhibit 1).
4. After a system update by MassHealth, the appellant's household income was updated to \$2,962.08 per month, which equates to 168.90% of the FPL for a household of two. (Testimony and Exhibit 1).
5. The income limit to be eligible for MassHealth CarePlus is 133% of the FPL, for a household of two. (Testimony, Federal Poverty Guidelines).
6. On November 27, 2024, MassHealth downgraded the appellant's benefits from MassHealth CarePlus to Health Safety Net. (Testimony and Exhibit 1).
7. The appellant had MassHealth CarePlus from June 29, 2021 to November 10, 2024. (Testimony and Exhibit 4).
8. The appellant's appeal was timely filed on December 9, 2024. (Exhibit 2).
9. An aid pending protection was put in place to protect the appellant's MassHealth benefits. (Testimony and Exhibit 4).

## 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 adults<sup>2</sup>, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents,

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

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, 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 between the ages of 21 and 65. As such, she meets the categorical requirements for MassHealth CarePlus. The question then becomes whether she 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.” See 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:

(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.

See 130 CMR 506.002(B).

Here, the appellant is being claimed as a tax dependent by her mother. As such, the appellant meets the MAGI rules for a household of two. See 130 CMR 506.002(B)(2)(a).

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.

See 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."

As explained supra, the appellant lives in a household of two per MAGI rules. She confirmed that her total household income was \$2,962.08 per month but that her income has decreased due to her return to school. To determine eligibility of the individual under the coverage type with the highest income standard, five percentage points of the current FPL is subtracted from the applicable household's countable income. See 130 CMR 506.007(A). For a household of two, 5 percentage points of the current FPL equals \$85.20 a month. After deducting five percentage points of the FPL from the appellant's total income (\$2,962.08-\$85.20), the appellant's countable income equals \$2,876.88. The income limit for MassHealth CarePlus is 133% of the FPL, or \$2,266.00 per month for a household of two. Since the appellant's income exceeds 133% of the FPL, the appellant is not financially eligible for MassHealth CarePlus benefits.<sup>3</sup>

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<sup>3</sup> Although the appellant testified that her household income has decreased, this claim cannot

Accordingly, MassHealth correctly determined that the appellant is not financially eligible for MassHealth CarePlus.

For the foregoing reasons, this appeal is DENIED.

## **Order for MassHealth**

Remove aid pending protection.

## **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.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

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be considered in this decision because MassHealth has not verified it through electronic data matching or paper verification. See 130 CMR 506.005(verification of income is mandatory).