

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2502773
Decision Date:	3/28/2025	Hearing Date:	03/18/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Joseph Carlson, 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:	3/28/2025	Hearing Date:	03/18/2025
MassHealth’s Rep.:	Joseph Carlson	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 December 30, 2024, MassHealth notified the appellant that they¹ do not qualify for MassHealth benefits because MassHealth determined that the appellant’s income exceeded the allowed threshold for MassHealth. However, the appellant was approved for Health Safety Net for a limited time and eligible for a ConnectorCare plan through the Massachusetts Health Connector. See 130 CMR 505.008; 130 CMR 506.002; 130 CMR 506.003; 130 CMR 506.007; and Exhibit 1. The appellant filed this appeal in a timely manner on February 10, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of an application or request for assistance is valid grounds 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 their income exceeded the allowed threshold.

Issue

¹ The appellant uses they/them pronouns.

Whether MassHealth correctly determined that the appellant is not eligible for MassHealth benefits in pursuant to 130 CMR 505.008; 130 CMR 506.002; 130 CMR 506.003; and 130 CMR 506.007.

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 their identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is an adult under the age of 65 who resides in a household of one. The appellant was on MassHealth CarePlus from October 9, 2023 to November 11, 2024 because they reported having no income. On December 30, 2024, the appellant called MassHealth and provided updated job information and submitted paystubs. MassHealth verified the appellant's monthly income as \$3,250.50. The MassHealth representative testified that after a 5% MAGI deduction, this figure equated to 254.00% of the federal poverty level (FPL) for a household of one, which exceeds the limit for MassHealth benefits. The income limit to be eligible for MassHealth benefits is 133% of the FPL, or \$1,735.00 per month for a household of one. Through a notice on December 30, 2024, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth. The appellant was approved for Health Safety Net for a limited time and was also eligible for a ConnectorCare plan through the Massachusetts Health Connector.

The appellant confirmed their household size and verified their monthly income of \$3,250.50. They denied being disabled. They stated that they require gender affirming care and that after the deduction of customary taxes they cannot afford the cost of medication without MassHealth benefits. They argued that given their extraordinary circumstances, they should be granted an exception.

Findings of Fact

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

1. The appellant is under the age of 65 and lives in a household of one. (Testimony and Exhibit 4).
2. The appellant had MassHealth CarePlus from October 9, 2023 to November 21, 2024 because they reported having no income. (Testimony).
3. On December 30, 2024, the appellant called MassHealth and provided updated job

information and submitted paystubs. (Testimony).

4. MassHealth verified the appellant's monthly income as \$3,250.50. (Testimony).
5. The income limit to be eligible for MassHealth benefits is 133% of the FPL, or \$1,735.00 per month for a household of one. (Testimony and Federal Poverty Guidelines).
6. The appellant's appeal was timely filed on February 10, 2025. (Exhibit 2).
7. At the hearing, the appellant verified their monthly income of \$3,250.50 from employment. (Testimony).
8. The appellant denied being disabled.² (Testimony).
9. The appellant was approved for Health Safety Net coverage for a limited time and was also eligible to obtain health insurance through the 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 adults³, 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, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;

² Disability is defined by 103 CMR 501.001 and by 42 U.S.C.A. § 1382c(a)(1), et seq.

³ "[Y]oung adults" are defined as those aged 19 and 20. See 130 CMR 501.001.

(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. They are not disabled. As such, they meet the categorical requirements for MassHealth CarePlus. The question then becomes whether they meet the income requirements to qualify.

An individual between the ages of 21 and 65 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:

- (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.

See 130 CMR 506.002(B).

Here, the appellant testified and MassHealth verified that they live in a household of one. Thus, for the purposes of this appeal, the appellant meets the MAGI rules for a household of one.

Once the individual’s household size is established, their 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).

Per MAGI rules as explained supra, the appellant lives in a household of one. They confirmed their income as \$3,250.50 per month. 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 one, 5 percentage points of the current FPL equals \$65.25 a month. After deducting five percentage point of the FPL from the appellant's total income (\$3,250.50-\$65.25), the appellant's countable income equals \$3,185.25. The income limit for MassHealth CarePlus is 133% of the FPL, or \$1,735.00 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.

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 they require gender affirming care and that after the deduction of customary taxes they cannot afford the cost of medication. They argued that given their extraordinary circumstances, they should be granted an exception. Since neither the customary taxes nor gender affirming care expenses fall within the allowable deductions enumerated in 130 CMR 506.003 (D), MassHealth correctly determined that the appellant's income exceeds the allowable threshold limit for MassHealth 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 receipt of this decision.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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