

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Denied in part	Appeal Number:	2504489
Decision Date:	06/06/2025	Hearing Date:	04/25/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Langze Phunkhang, Charlestown MEC

Interpreter:



*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:	Dismissed in part; Denied in part	Issue:	Eligibility; Under 65; Over Income
Decision Date:	06/06/2025	Hearing Date:	04/25/2025
MassHealth's Rep.:	Langze Phunkhang	Appellant's Rep.:	██████
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 March 4, 2025, MassHealth notified appellant she did not qualify for MassHealth because she did not provide proof in the time allowed, namely proof of residency. (Ex. 1).¹ Through a notice dated March 17, 2025, MassHealth notified appellant she did not qualify for MassHealth because she was over income. (Testimony; Ex. 1). The appellant filed this appeal in a timely manner on March 17, 2025. (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 found to be over income.

Issue

The appeal issue is whether MassHealth was correct in finding appellant did not qualify for benefits for being over income.

¹ At hearing, the MassHealth worker testified that before the hearing, appellant had provided the proof of residency. Therefore, this part of the appeal is dismissed as moot.

Summary of Evidence

Appellant, the MassHealth worker (worker) and the Spanish interpreter all appeared via phone and were sworn.² Regarding the March 4, 2025 notice, the worker testified the missing proof of residency had been provided by appellant. (Testimony). As this issue has been resolved, the part of the appeal regarding this notice is dismissed. (130 CMR 610.035 (8)).

Regarding the March 17, 2025 notice, the worker stated appellant provided all requested documents and they were “verified.” (Testimony). She stated appellant is in a household of 6, which is determined by appellant’s Federal taxes and was verified electronically, with a total monthly household income of \$7,787.45. (Testimony). This includes Social Security income for the head of household and the remainder of income from employment. The worker stated this places appellant at 211.71% of the Federal Poverty Level (FPL). (Testimony). The worker stated pursuant to the 2024 MassHealth Income Standards, appellant could not exceed 133% FPL and the maximum income for the month cannot exceed \$4,651.³ (Testimony). Appellant is under the age of 65. (Ex. 5).

Appellant stated she has her mother living with her which means there are 7 people in her household. The worker responded if there are more members in the household appellant can file a new application or call MassHealth and add the new member. Appellant also disputed the amount of her monthly income. The worker responded that the income information provided was verified electronically. She testified if it was not verified electronically, a request for information would have been sent to appellant and that it was not done in this case. The worker informed appellant that if there was a change in the monthly household income, she could call MassHealth within 10 days of the change and report the new income. Appellant also asked why her being HIV positive did not qualify her for MassHealth Standard. The worker replied that appellant’s HIV status is listed in MassHealth’s database but to qualify for Standard when [REDACTED], one must also have a modified adjusted gross income of less than or equal to 133% FPL. (Testimony; 130 CMR 505.002 (G) (3)).

Findings of Fact

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

1. Appellant is under the age of 65 and in a household of 6. (Testimony; Ex. 5).
2. Appellant has a total monthly household income of \$7,787.45, placing appellant at 211.71% of the FPL for a household of six. (Testimony).

² The appeal was scheduled as a video but after ten minutes, when appellant failed to appear, she was reached by phone and the hearing proceeded.

³ The 2025 MassHealth Income Standards, which became effective March 1, 2025, state a household of 6 cannot exceed 133% FPL and the maximum monthly income is \$4,783.

3. On March 17, 2025, MassHealth notified the appellant that she was not eligible for MassHealth coverage because of her income.
4. To qualify for MassHealth, Appellant's household income cannot exceed 133% of the FPL, or \$4,651 per month, for a household of six.

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

Regarding the March 4, 2025 notice, the worker testified the missing proof of residency had been provided by appellant. (Testimony). As this issue has been resolved, the part of the appeal regarding this notice is dismissed. (130 CMR 610.035 (8)).

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 adults⁴, 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 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, 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.

⁴ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

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 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. There was no indication that appellant is disabled. 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) 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 a MassHealth MAGI household of 6. Appellant has a monthly household income of \$7,787.45 from employment and Social Security benefits.⁵ This figure is approximately 211.71% of the FPL for a household of 6, substantially over the income limit of 133% FPL even with the five-percentage-point deduction set forth in 130 CMR 506.007(A)(3).⁶ Accordingly, MassHealth's determination that appellant is over income for MassHealth is correct. This appeal is denied regarding the March 17, 2025 notice and dismissed regarding the March 4, 2025 notice.

Order for MassHealth

None.

⁵ There is no evidence that any of the income deductions listed at 130 CMR 506.003(D) apply to the 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. Also, while MassHealth listed appellant [REDACTED], she is not eligible for benefits because she has an income greater than 133% FPL. (130 CMR 505.002 (G) (3)).

⁶ 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 (\$4,651 per month for a household of 6) is \$232.55 per month.

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: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129