

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504945
Decision Date:	6/4/2025	Hearing Date:	04/30/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Carolyn Meredith, Springfield, MEC

Interpreter:
Language Line



*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:	6/4/2025	Hearing Date:	04/30/2025
MassHealth's Rep.:	Carolyn Meredith	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 March 10, 2025, MassHealth notified Appellant that he is not MassHealth eligible due to income that exceeds program limits (130 CMR 505.001, 506.007, 505.008 and Exhibit 1). Appellant filed this appeal in a timely manner on March 24, 2025 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified Appellant that he is not MassHealth eligible due to income that exceeds program limits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 505.008, 506.007 in determining that Appellant is not MassHealth eligible due to income that exceeds program limits.

Summary of Evidence

The MassHealth representative testified that Appellant submitted a MassHealth renewal application on March 10, 2025. Appellant is between 21 and 65 years of age and is a household size of one, non-disabled individual. Appellant is a U.S. Citizen and tax-filer. Appellant's earned income is \$2,166 per month, which exceeds 133% of the federal poverty level, \$1,735. Because Appellant is not otherwise categorically eligible for a MassHealth coverage type, and income exceeds program limits for CarePlus, Appellant's MassHealth application was denied. Appellant is eligible to enroll in a Connector Care Plan but needs to send proof of income before he can enroll. Appellant is also eligible for Health Safety Net.

Appellant verified household size and earned income and testified that he recognizes that his income is too high for MassHealth, but would like to be referred to less costly insurance options. He testified that his income is higher in summer months and is around \$2,700 monthly. He testified that he has liver and kidney issues, and skin cancer. Appellant added that he has not enrolled in a Connector plan because he thought he might be MassHealth eligible.

Findings of Fact

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

1. Appellant is between 21 and 65 years of age.
2. Appellant is a household size of one, non-disabled individual.
3. Appellant is a U.S. Citizen and files taxes.
4. Total reported earned monthly household income is \$2,166.
5. 100% of the federal poverty level for a household of one is \$1,305.
6. 133% of the federal poverty level for a household of one is \$1,735.
7. Appellant is eligible to enroll in a Health Connector plan but needs to provide proof of income.

Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits. (130 CMR 501.003(A)). MassHealth offers several coverage types. (130 CMR 501.003(B)). The coverage type for which an individual is eligible is based on their income and circumstances. (130 CMR 515.003(B)). Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) MassHealth Standard – for people who are pregnant, 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 (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

Pursuant to 130 CMR 506.003, countable household 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. ^{1,2} Appellant did not testify to or document any of the

¹ See 130 CMR 506.003: Countable household 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). 130 CMR 506.003(B) Unearned Income.(1) Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return.(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

See also 130 CMR 506.004: Because of state or federal law the following types of income are noncountable in the determination of eligibility for individuals described at 130 CMR 506.002. Changes to state or federal law may affect whether the following remains noncountable: (A) TAFDC, EAEDC, or SSI income; (B) federal veteran benefits that are not taxable in accordance with IRS rules; (C) income-in-kind; (D) roomer and boarder income derived from persons residing in the applicant's or member's principal place of residence; (E) most workers' compensation

allowable expenses under 506.003(D); however, Appellant can update changes in income and applicable expenses to MassHealth at any time. Income of all household members forms the basis for establishing an individual's eligibility (130 CMR 506.007). In determining monthly income for MassHealth purposes, 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 the eligibility of the individual under the coverage type with the highest income standard (130 CMR 506.007(A)). Appellant reported \$2,166 monthly earned income, which places household income at 160.97% of the federal poverty level [$\$2,166 - \$65.25^3 = \$2,100.75$] [$\$2,100.75 \div \$1,305 = 160.97\%$]. MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of one [$\$1,735$] making Appellant ineligible for MassHealth CarePlus (130 CMR 505.008(A)).⁴ Because Appellant is not otherwise categorically eligible for a

income; (F) pretax contributions to salary reduction plans for payment of dependent care, transportation, and certain health expenses within allowable limits; (G) child support received; (H) alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018. For individuals with alimony agreements finalized on or before December 31, 2018, alimony continues to be included in the income of the recipient for the duration of the agreement unless or until the agreement is modified; (I) taxable amounts received as a lump sum, except those sums that are counted in the month received; in the case of lottery or gambling winnings, those sums that are counted in the month or months required under federal law, including the Tax Cut and Jobs Act of 2017, Public Law 115-97; (J) money received for acting as a Parent Mentor as defined under section 1397 mm(f)(5) of chapter 42 of the United States Code of the Social Security Act; (K) income received by independent foster-care adolescents described at 130 CMR 505.002(H): *Eligibility Requirements for Former Foster-care Individuals*; (L) income from children and tax dependents who are not expected to be required to file a tax return under *Internal Revenue Code*, U.S.C. Title 26, § 6012(a)(1) for the taxable year in which eligibility for MassHealth is being determined, whether or not the children or the tax dependents files a tax return; and (M) any other income that is excluded by federal laws other than the Social Security Act.

² MassHealth allows the following deductions from countable income when determining MAGI: educator expenses; reservist/performance artist/fee-based government official expenses; health savings account; moving expenses; self-employment tax; self-employment retirement account; penalty on early withdrawal of savings; alimony paid to a former spouse; individual retirement account (IRA); student loan interest; and higher education tuition and fees. 130 CMR 506.003(D).

³ 5% of \$1,305.

⁴ 130 CMR 505.008(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *MassHealth: Managed Care Requirements* and must meet the following conditions.

(a) The individual is an adult 21 through 64 years old.

(b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.

(c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

MassHealth coverage type, MassHealth correctly denied coverage by notice dated March 10, 2025. Appellant can direct any questions about the Health Connector to 1-877-623-6765 and can direct any questions about the Health Safety Net to 877-910-2100.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104