

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509091
Decision Date:	9/29/2025	Hearing Date:	07/22/2025
Hearing Officer:	Stanley Kallianidis	Aid Pending:	No

Appellant Representative:



MassHealth Representative:

Timothy O'Donnell, Tewksbury



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Household Size
Decision Date:	9/29/2025	Hearing Date:	07/22/2025
MassHealth Rep.:	Timothy O'Donnell	Appellant Rep.:	Sister
Hearing Location:	Tewksbury	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 May 30, 2025, MassHealth denied the appellant's MassHealth application due to excess income (Exhibit 1). The appellant filed this appeal in a timely manner on June 16, 2025 (see 130 CMR 610.015(B) and Exhibit 2). The denial of assistance is valid grounds for appeal (see 130 CMR 610.032). Notice of the hearing was sent to the parties on June 26, 2025 (Exhibit 3).

Action Taken by MassHealth

MassHealth denied the appellant's MassHealth application.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant was over the income limits for MassHealth benefits?

Summary of Evidence

The MassHealth representative testified that appellant and his mother are a household of two people. He is over ■ years of age and is claimed as a tax dependent by his mother. He is not currently deemed as being disabled. The appellant was denied MassHealth benefits due to their income being over the program limits. He is eligible for the Health Safety Net and Connector Care insurance due to these programs having higher income limits.

The MassHealth representative stated that the appellant's mother has income of \$50,000.00 yearly or \$4,167.00 monthly. The appellant's household's income put him at 231% of federal poverty level, making him ineligible for MassHealth which is 133% of the federal poverty level for adults. The Health Safety Net and Connector Care income limits are each 300% of the federal poverty level. There were no allowable income deductions over than the 5% standard deduction (Exhibit 1).

The appellant's sister testified that her mother's income is less than \$50,000.00 yearly, but she did not provide a corrected amount. She did not dispute that the appellant's mother claims the appellant as a tax dependent. She contended that the appellant should qualify for MassHealth since he has no income of his own and also because he is a client of the Department of Developmental Services (DDS). She claimed that the appellant is disabled but did not have any proof of this.

The appellant's sister agreed to complete a disability application online and submit this to the Disability Evaluation Service (DES).

Findings of Fact

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

1. The appellant is over ■ years of age and is claimed as a tax dependent by his mother (testimony).
2. The appellant's mother has \$4,167.00 in monthly income (testimony).
3. The appellant is a client of DDS but does not have an active disability determination (Exhibit 2 and testimony).
4. The appellant is eligible for the Health Safety Net and Connector Care insurance (Exhibit 1 & testimony).
5. There were no allowable income deductions other than the 5% standard deduction (testimony).

Analysis and Conclusions of Law

The following are MassHealth coverage types as outlined at 130 CMR 505.001:

- (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 [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 appellant's modified adjusted gross income (MAGI) is determined by taking the countable income less deductions described in 130 CMR 506.003(D) (see 130 CMR 506.007).

(D) Deductions. The following are allowable deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) 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.

506.007: Calculation of Financial Eligibility (A)(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.

Pursuant to 130 CMR 506.007, the MassHealth agency constructs a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage.

130 CMR 506.002(B) MassHealth MAGI Household Composition. (1) Taxpayers Not Claimed as a Tax Dependent on Their 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 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.

I have found that appellant is over [REDACTED] years of age and is claimed as a tax dependent by his mother. In accordance with the above regulations on household composition, the appellant and his mother comprise a household of two. The appellant is a client of DDS but does not have an active disability determination.

I have also found that the appellant's mother has \$4,167.00 in monthly income. There were no allowable income deductions other than the 5% standard deduction. Applying the 5% standard deduction leaves the household with countable income of \$4,0791.00. The income limits for non-disabled adults [REDACTED] years of age or older in a household of two is 133% of the federal poverty level (\$2,345.00) under MassHealth Standard and under MassHealth CarePlus (130 CMR 505.002 & 505.008).

Based on the above findings, MassHealth was correct in determining that the appellant is not currently eligible for MassHealth. However, he is eligible for Connector Insurance and may enroll in this program based on his household's current income.

The appeal is therefore 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

Tewksbury MEC

