

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2415157
<b>Decision Date:</b>	02/04/2025	<b>Hearing Date:</b>	01/02/2025
<b>Hearing Officer:</b>	Casey Groff		

**Appearance for Appellant:**  
*Pro se*

**Appearance for MassHealth:**  
Liz Nickoson, 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>	Eligibility; Under 65; Income
<b>Decision Date:</b>	02/04/2025	<b>Hearing Date:</b>	01/02/2025
<b>MassHealth's Rep.:</b>	Liz Nickoson	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Board of Hearings (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 9/26/24, MassHealth notified Appellant that her Standard benefit would end on 10/31/24 because she did not meet program income eligibility requirements. *See Exhibit 1.* Appellant timely appealed the notice on 10/2/24. *See Exh. 2.* On 10/4/24, the Board of Hearings (BOH) dismissed the matter because the person that filed the hearing request did not demonstrate sufficient authority to appeal on behalf of Appellant. *See Exh. 3 and 130 CMR 610.034-035.* On 10/4/24, BOH received an updated fair hearing request form signed by Appellant. *See Exh. 4.* On receipt, BOH vacated the dismissal and processed the appeal for scheduling. *See Exh. 5.* Denial and/or termination of public assistance is valid grounds for appeal. *See 130 CMR 610.032.*

### Action Taken by MassHealth

MassHealth informed Appellant that her Standard benefit would end on 10/31/24 because her income exceeded the program limit.

### Issue

The appeal issue is whether MassHealth correctly determined that Appellant's income exceeded program limits, and, on this basis, correctly sought to terminate her Standard coverage.

## Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified as follows: Appellant is an adult female under the age of 65 and is in a household size of four (4), including her spouse and two minor children. On 9/26/24, Appellant, who was enrolled in MassHealth Standard at the time, completed a job update form and submitted verification of income. According to the information provided therein, Appellant is currently the sole income source for the household and receives an average bi-weekly income of \$1,721.25, which amounts to a weekly income of \$860.62 or monthly income of \$3,729.95, placing her at 138.46% of the federal poverty level (FPL) for 2024. The MassHealth representative testified that to qualify for MassHealth Standard, an adult caregiver or parent, such as Appellant, must have a household income that does not exceed 133% of the FPL. For 2024, the income for a household size of four, 133% of the FPL is \$3,458. As Appellant's verified household income exceeded this amount, MassHealth notified her, through a notice dated 9/26/24, that she no longer qualified for Standard, and her benefit would end on 10/31/24. *See* Exh. 1. The notice also informed Appellant that her benefit would change to Health Safety Net effective 9/13/24. *Id.* The MassHealth representative explained that while Appellant and her husband were no longer financially eligible for Standard, their children's eligibility is subject to a household income limit of 150% of the FPL and therefore, the children remain covered under Standard.

Appellant appeared at the hearing and testified that she did not dispute the income figures that MassHealth used for determining eligibility. However, Appellant testified that MassHealth had not accounted for the significant monthly cost of living expenses she incurs, including \$2,600 in rent, approximately \$675 per month in groceries, \$200 in car insurance, and \$158 for gas. Prior to the hearing, Appellant submitted documentation to verify these expenses and other average monthly costs. *See* Exhs. 6 and 7. In addition, Appellant testified that her son was placed on an Individualized Education Program (IEP) at school, which she verified through documentation. *Id.* Appellant testified that because of her son's needs, they have added tutoring expenses, which are an additional \$200 per week. Appellant testified that there is no remaining income left for out-of-pocket health care expenses that she will now incur without MassHealth.

## Findings of Fact

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

1. Appellant is an adult female under the age of 65 and is in a household size of four (4), including her spouse and two minor children.
2. On 9/26/24, Appellant, who was enrolled in MassHealth Standard at the time, completed a job update form and submitted verification of income.
3. Appellant has a gross household income of \$3,729.95 per month.
4. Through a notice dated 9/26/24, MassHealth informed Appellant that she no longer qualified for Standard, and her benefit would end on 10/31/24.

## **Analysis and Conclusions of Law**

The issue on appeal is whether MassHealth correctly determined that Appellant's gross household income exceeded program limits to qualify for MassHealth benefits. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,<sup>1</sup> 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) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) 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) Small Business Employee Premium Assistance for adults or young adults ....
- (6) 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

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

(7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

See 130 CMR 505.001(A)

To establish eligibility for MassHealth, the applicant must meet both categorical *and* financial requirements for the applicable coverage type.<sup>2</sup> To be financially eligible for MassHealth Standard, adults between the ages of 21 and 64 must have a household income less than or equal to 133% of the FPL. See 130 CMR 505.002. For a household size of four (4) in 2024, that income limit was \$3,458 per month. See *2024 MassHealth Income Standards & Federal Poverty Guidelines*. It is also noted that since this hearing took place, the federal Dept. of Health & Human Services (HHS) updated the federal poverty guidelines for 2025 to account for a 2.9 percent inflation adjustment, raising the applicable monthly income figure to \$3,563.29.<sup>3</sup> Countable household income includes both earned and unearned income, as described in 130 CMR 506.003(A)-(B), less deductions described in 130 CMR 506.003(D).<sup>4</sup> See 130 CMR 506.003. It is undisputed that Appellant earns a gross total monthly income of \$3,729.95 for the household. Even when applying the updated federal poverty guideline figures, Appellant's household income still exceeds 133% of the FPL. There is insufficient evidence to demonstrate that MassHealth erred in issuing its 9/26/24 coverage determination.

For these reasons, this appeal is DENIED.

## Order for MassHealth

None.

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<sup>2</sup> Appellant is categorically eligible for Standard as a parent or caretaker relative. The only other coverage type Appellant could be *categorically* eligible for is CarePlus; however, this benefit carries the same financial limit which is capped at 133% of the FPL. There is no evidence that Appellant is both categorically *and* financially eligible for any of the coverage types listed in 130 CMR 505.001(A), above.

<sup>3</sup> According to the Center for Medicare & Medicaid Services informational bulletin dated 1/16/25, HHS updated the poverty guidelines to account for a 2.9 percent price increase between calendar years 2023 and 2024. CMS reports that for 2025, the annual income for a family or household of 4 persons at 100% of the FPL is \$32,150. Multiplying this figure by the applicable FPL income standard (133%) equates to an annual income limit of \$42,759.50, or monthly income limit of \$3,563.29.

<sup>4</sup> At hearing, Appellant testified to the numerous cost-of-living expenses she and her family incurred each month including rent, groceries, and utilities. There was no evidence, however, that Appellant incurred any expenses that could appropriately be categorized as an allowable deduction under 130 CMR 506.003(D). Under this provision, MassHealth lists the allowable expenses that can be deducted from countable income, which include, but are not limited to, educator expenses, payments related to health savings accounts, alimony obligations, student loan interest, individual retirement accounts, and scholarships and awards.

## 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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Casey Groff  
Hearing Officer  
Board of Hearings

cc: 

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780