

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2501344
<b>Decision Date:</b>	5/13/2025	<b>Hearing Date:</b>	03/24/2025
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Anastasia Agnos



*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>	Community Eligibility – Under 65 - Income
<b>Decision Date:</b>	5/13/2025	<b>Hearing Date:</b>	03/24/2025
<b>MassHealth's Rep.:</b>	Anastasia Agnos	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	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 01/17/2025, MassHealth informed Appellant that she was not eligible for MassHealth benefits because her income exceeds the program limits. Through the same notice, MassHealth informed Appellant she was eligible for Health Safety Net (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). Appellant filed a timely appeal on 01/21/2025 (130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

A fair hearing was scheduled to take place on 03/04/2025; however, the appellant requested it to be rescheduled because she planned to be traveling outside of the country. Her request was approved, and the hearing was rescheduled for 03/24/2025 (Exhibit 3).

### Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth benefits.

## Issue

The appeal issue is whether MassHealth was correct in determining that Appellant is not eligible for MassHealth benefits.

## Summary of Evidence

Both the MassHealth representative and Appellant appeared at the fair hearing telephonically. Exhibits 1-3 were marked as evidence. The MassHealth representative testified that Appellant lives independently in the community. She is between the ages of 19 and 45 and she is counted as a household of 1 person. The events leading up to this instant denial notice involved a mailing from MassHealth to Appellant on 12/02/2024. MassHealth, in an effort to determine Appellant's eligibility, requested that she provide a "Job Update Form," by which her employment status and income can be verified. The verification was due to be completed and returned by 01/01/2025; however, it was not. On 11/04/2024, MassHealth informed Appellant that her benefits would terminate on 01/07/2025. On 01/17/2025, MassHealth received verification of Appellant's employment and income. According to the information provided by Appellant, she has countable income of \$2,470.00 per month from employment. Her income is 191% of the federal poverty level (FPL) for a household of one. Appellant has not alleged that she is pregnant, disabled or diagnosed as HIV positive or breast/cervical cancer. In order to be eligible for MassHealth benefits, the appellant's income would need to be less than 133% of the FPL, or \$1,735.00 per month. Because Appellant's income exceeds 133% of the FPL, she is no longer eligible for MassHealth benefits. She is eligible for the Health Safety Net and she was referred to the Health Connector.

Appellant testified that she needs MassHealth benefits to cover the cost of her daily medications. She also testified that she is worried that her annual colonoscopy won't be covered by the Health Connector plan.

## Findings of Fact

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

1. Appellant is between the ages of 19 and 64 (Testimony).
2. For the purposes of MassHealth eligibility, Appellant is counted as a household of 1 (Testimony).
3. Appellant has gross monthly income of \$2,470.00 per month from employment (Testimony).
4. 133% of the federal poverty limit for a household of 1 is \$1,735.00 (03/2025).

5. On 01/17/2025, MassHealth informed Appellant that she was not eligible for MassHealth benefits because her income exceeds the program limits. Through the same notice, MassHealth informed Appellant she was eligible for Health Safety Net (Exhibit 1).
6. Appellant filed a timely appeal on 01/21/2025 (Exhibit 2).
7. A fair hearing was scheduled to take place on 03/04/2025; however it was rescheduled upon the request of Appellant (Exhibit 3).
8. A fair hearing was held on 03/24/2025. Appellant appeared telephonically, as did the MassHealth representative (Exhibit 3).

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (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 old 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.

Regulations at 130 CMR 505.008 address MassHealth CarePlus, as follows:

(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.

***(Emphasis added.)***

MassHealth determined that Appellant is not eligible for MassHealth benefits because the income she earns exceeds the guidelines for that benefit. MassHealth verified that Appellant's gross monthly income from employment is \$2,470.00. She is counted as household of 1 person. In order to be income-eligible for MassHealth CarePlus benefits, the household's gross monthly income cannot be more than 133% of the FPL, or \$1,735.00. Appellant did not dispute that she is working. Accordingly, she has presented no information to show MassHealth's decision to deny her benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Additionally, if her income or household size changes, she should contact MassHealth for a new determination of benefits.

## **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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

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