

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2501809
<b>Decision Date:</b>	3/10/2025	<b>Hearing Date:</b>	03/06/2025
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Carmen Rivera, Quincy 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>	Community Eligibility – under 65; Income
<b>Decision Date:</b>	3/10/2025	<b>Hearing Date:</b>	03/06/2025
<b>MassHealth’s Rep.:</b>	Carmen Rivera	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<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 January 6, 2025, MassHealth notified the appellant that he does not qualify for MassHealth benefits because MassHealth determined that the appellant’s income exceeded the allowed threshold. However, the appellant was approved for Health Safety Net for eligible dental services as well as a ConnectorCare plan through the Massachusetts Health Connector. See 130 CMR 505.008; 130 CMR 506.002; 130 CMR 506.003; 130 CMR 506.007; and Exhibit 1. The appellant filed this appeal in a timely manner on January 27, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of an application or request for assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

### Action Taken by MassHealth

MassHealth denied the appellant’s application for MassHealth benefits because his income exceeded the allowed threshold.

### Issue

Whether MassHealth correctly determined that the appellant is not eligible for MassHealth benefits in pursuant to 130 CMR 505.008; 130 CMR 506.002; 130 CMR 506.003; and 130 CMR

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The appellant appeared pro se and verified his identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant is an adult under the age of ■ who resides in a household of one. The appellant was on MassHealth CarePlus from September 20, 2020 to August 31, 2024 and on Health Safety Net from July 1, 2024 to November 16, 2024. On January 6, 2025, the appellant submitted a job update form to MassHealth. Based on his submission, MassHealth determined that the appellant's income from employment is \$2,184.34 per month. This figure equates to 169.05% of the federal poverty level (FPL) for a household of one which exceeds the limit for MassHealth CarePlus. The MassHealth representative stated that the income limit to receive MassHealth CarePlus is 133% of the FPL, or \$1,670.00 per month. She added that this figure was increased to \$1,735.00 as of March 1, 2025.

The appellant stated that his take-home pay is lower than the amount stated by MassHealth because taxes are deducted from his paycheck. He referenced his most recent paystub dated February 28, 2025, which showed a gross income of \$911.16 biweekly and a net income of \$825.76 biweekly.

The MassHealth representative explained that MassHealth considers gross income when determining eligibility. She then recalculated the appellant's income based on the updated figure he provided and determined that his monthly income is \$1,974.48, which still exceeds MassHealth's eligibility threshold of \$1,735.00 for a household of one as of March 1, 2025.

## Findings of Fact

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

1. The appellant is under the age of ■ and resides in a household of one. (Testimony).
2. The appellant had MassHealth CarePlus from September 20, 2020 to August 31, 2024 and Health Safety Net from July 1, 2024 to November 16, 2024. (Testimony and Exhibit 4).
3. On January 6, 2025, the appellant submitted a job update form to MassHealth. (Testimony).

4. At the hearing, the appellant verified his gross monthly income of \$1,974.48<sup>1</sup> based on his most recent pay stub. (Testimony).
5. According to the Federal Poverty Guidelines, 133% of the FPL is \$1,735.00<sup>2</sup> a month for a household of one. (Testimony and Federal Poverty Guidelines).
6. On January 6, 2025, MassHealth notified the appellant that he does not qualify for MassHealth benefits because MassHealth determined that the appellant's income exceeded the allowed threshold. (Testimony and Exhibit 1).
7. The appellant was approved for Health Safety Net for eligible dental services and was also eligible to obtain health insurance through the Massachusetts Health Connector. Id.
8. The appellant filed this appeal in a timely manner on January 27, 2025. (Exhibit 2).

## Analysis and Conclusions of Law

These coverage types set forth at 130 CMR 505.001(A) are as follows:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults<sup>3</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) 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, CommonHealth, or CarePlus;
- (5) MassHealth 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
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

An individual between the ages of [REDACTED] who is categorically eligible for MassHealth CarePlus

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<sup>1</sup> In determining monthly income, MassHealth multiplies average weekly income by 4.333. See 130 CMR 506.007(A).

<sup>2</sup> Prior to March 1, 2025, 133% of the FPL was \$1,670.00 per month for a household of one.

<sup>3</sup> "[Y]oung adults" are defined as those aged [REDACTED] See 130 CMR 501.001.

can only be financially eligible if “the individual’s modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” See 130 CMR 505.008(A)(2)(c); <https://www.mass.gov/doc/2024-masshealth-income-standards-and-federal-poverty-guidelines>. To determine financial eligibility pursuant to 130 CMR 506.007(A), MassHealth must construct a household as described in 130 CMR 506.002(B) for each individual who is applying for or renewing coverage. MAGI household composition rules used to determine member eligibility are the following:

- (1) Taxpayers Not Claimed as a Tax Dependent on His or Her 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 his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
  - (b) the taxpayer’s spouse, if living with him or her 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.

See 130 CMR 506.002(B).

Here, the appellant is between the ages of [REDACTED]. He verified that he lives in a household of one. Thus, the appellant meets the categorical requirements for MassHealth CarePlus. He also meets the MAGI rules for a household of one. The question then becomes whether he meets the income requirements to qualify.

Once the individual’s household size is established, his MassHealth MAGI household income is determined in the following manner:

- (2) ....using the total of all countable monthly income<sup>4</sup> 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(K).
  - (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).

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<sup>4</sup> Countable household income includes earned income which is the “total amount of taxable compensation received from work...” See 130 CMR 506.003(A).

(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.

See 130 CMR 506.007(A).

Additionally, under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (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.

See 130 CMR 506.003(D).

In this case, the appellant stated that his take-home pay is lower than the amount stated by MassHealth because taxes are deducted from his paycheck. He referenced his most recent paystub dated February 28, 2025, which showed a gross income of \$911.16 biweekly and a net income of \$825.76 biweekly after the deduction of customary taxes. Because earned income is the “total amount of taxable compensation received from work,” and customary taxes do not fall within the allowable deductions enumerated in 130 CMR 506.003(D), MassHealth correctly determined the appellant’s monthly income to be \$1,974.48. See 130 CMR 506.003(A).

Thus, per MAGI rules as explained supra, to determine eligibility of the individual under the coverage type with the highest income standard, five percentage points of the current FPL is subtracted from the applicable household’s countable income. See 130 CMR 506.007(A). For a household of one, 5 percentage points of the current FPL equals \$65.25 a month. After

deducting five percentage points of the FPL from the appellant's total income (\$1,974.48-\$65.25), the appellant's countable income equals \$1,909.23. The income limit for MassHealth CarePlus is 133% of the FPL, or \$1,735.00 per month for a household of one. Since the appellant's income exceeds 133% of the FPL, the appellant is not financially eligible for MassHealth CarePlus benefits.

For the foregoing reasons, MassHealth's action is upheld, and the appeal is 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.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171