

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2503438
<b>Decision Date:</b>	05/30/2025	<b>Hearing Date:</b>	03/27/2025
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**


Lorena Garcia

**Interpreter:**



*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>	05/30/2025	<b>Hearing Date:</b>	03/27/2025
<b>MassHealth's Rep.:</b>	Lorena Garcia	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Tewksbury 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 02/13/2025, MassHealth informed the appellant that she was not eligible for MassHealth benefits because her income exceeds the program limits. Through the same notice, MassHealth informed the appellant she was eligible for Health Safety Net (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). The appellant filed a timely appeal on 02/28/2025 (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).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

### Issue

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

## Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing telephonically. Exhibits 1-3 were marked as evidence. The MassHealth representative testified that the appellant lives independently in the community with her family. She is between the ages of 19 and 65 and the family counted as a household of 4 people, consisting of two parents and two children. On 02/13/2025, MassHealth received income information from the appellants. The two parents work and earn income. The appellant earns \$1,792.00 per month and her husband earns \$2,851.31. The total countable monthly income is \$4,653.00, which is equal to 174% of the federal poverty level (FPL). In order to be eligible for MassHealth benefits, the household's income must be below 133% of the FPL, or \$3,458.00 for a household of four. Since the family's income exceeds the guidelines, MassHealth denied the appellant's application for benefits. She was approved for Health Safety Net for a limited time and referred to the Health Connector.

The appellant appeared at the fair hearing telephonically and was assisted by her appeal representative, her daughter, and a [REDACTED]. The appellant testified that she is not working full time, so she believes her income, as reported by MassHealth, is incorrect. When the hearing officer asked her to verify her income using a paystub, the appellant was unable to do so.

## Findings of Fact

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

1. The appellant is between the ages of 19 and 64 (Testimony).
2. For the purposes of MassHealth eligibility, the appellant is counted as part of a household of 4, consisting of herself, her husband, and two children (Testimony).
3. The household has countable monthly income of \$4,653.00 per month from both parents' employment (Testimony).
4. 133% of the federal poverty limit for a household of 4 is \$3,458.00 (03/2025).
5. On 02/13/2025, MassHealth informed the appellant that she was not eligible for MassHealth benefits because her income exceeds the program limits. Through the same notice, MassHealth informed the appellant she was eligible for Health Safety Net (Exhibit 1).

6. The appellant filed a timely appeal on 02/28/2025 (Exhibit 2).
7. A fair hearing was held on 03/27/2025. All parties appeared telephonically (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 the appellant is not eligible for MassHealth benefits because the income the household earns exceeds the guidelines for that benefit. MassHealth verified that the household's gross monthly income from employment is \$4,653.00. She is counted as part of a household of 4 people. In order to be income-eligible for MassHealth Standard or CarePlus benefits, the household's gross monthly income cannot be more than 133% of the FPL, or \$3,458.00. The appellant did not dispute that she is working. She believes her income is less than reported; however, she was unable to verify her income at the fair hearing. 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: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East

Street, Tewksbury, MA 01876-1957