

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2504236
<b>Decision Date:</b>	6/4/2025	<b>Hearing Date:</b>	04/23/2025
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	N/A

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sherri Paiva, 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; Over Income
<b>Decision Date:</b>	6/4/2025	<b>Hearing Date:</b>	04/23/2025
<b>MassHealth's Rep.:</b>	Sherri Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center Room 1/Remote (phone)	<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 February 24, 2025, MassHealth denied appellant's health coverage because his income was too high. (Ex 1). Appellant filed this appeal in a timely manner on March 14, 2025. (Ex. 2). MassHealth's determination regarding scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied appellant benefits because his income was too high.

### Issue

The issue is whether MassHealth was correct in denying appellant benefits because his income was too high.

### Summary of Evidence

Appellant appeared in person and the MassHealth worker (worker) by phone. Both were sworn. The worker testified to the following: Appellant is in a household of 4, including appellant, his spouse and two children. Appellant is under the age of 65. Appellant's spouse has an income of \$5,283.96 a month from employment while appellant has no income. This places them at 198.23% of the Federal Poverty Level (FPL). The worker stated the two children have MassHealth Family Assistance benefit. To be eligible for MassHealth, the worker stated appellant could not exceed 133% of the FPL, or \$3,564 a month. (Testimony). (Ex. 4). The worker testified that appellant called into MassHealth on February 24, 2025 to attest to a disability. MassHealth sent appellant a D.E.S. supplement form for him to complete and send in for review.<sup>1</sup>

Appellant described a myriad of physical issues he is dealing with and believes he is disabled. He stated he can no longer do the manual labor he previously did in his life. He stated he has private insurance through his wife's employment. Appellant was encouraged by the worker to call DES and find out the status of any appeal rights he may have due to the denial of disability claim. The worker provided appellant with the phone number to DES. (Testimony).

## **Findings of Fact**

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

1. Appellant is in a household of 4, including appellant, his spouse and two children. (Testimony).
2. Appellant has a monthly income of \$5,283.96 from his spouse's employment while appellant has no income. This places them at 198.23% of the FPL. (Testimony).
3. Appellant could not exceed 133% FPL, or \$3,564 a month. (Testimony).
4. Appellant is under the age of 65. (Ex. 4).

## **Analysis and Conclusions of Law**

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

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<sup>1</sup> The worker stated MassHealth received a denial of appellant's disability on April 2, 2025 which stated appellant had a capacity for other work. Appellant's appeal was received by the Board of Hearings on March 14, 2025. (Ex. 2).

(1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults<sup>2</sup>, 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 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 financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition*. 130 CMR 505.001(B).

At issue in this case is MassHealth’s determination that the appellant is not eligible for MassHealth benefits. As of the hearing date, the appellant did not meet any of the categorical requirements for MassHealth Standard or CommonHealth eligibility. He is therefore not currently eligible for either of these coverage types.

MassHealth determined that appellant’s income exceeds the allowable limit of 133% of the federal poverty level. The procedures for calculating financial eligibility for both MassHealth MAGI and MassHealth Disabled Adult households are set forth at 130 CMR 506.007:

- (A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual’s household as described in 130 CMR 506.002 with the applicable income standard for

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<sup>2</sup> “Young adults” are defined at 130 CMR 501.001 as those aged 19 and 20.

the specific coverage type.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income 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(M).

(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).

(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.

Under 130 CMR 506.002(B)(1), the MassHealth MAGI household for a taxpayer not claimed as a tax dependent 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.

Under these rules, appellant – who is not claimed as a tax dependent, files jointly with his spouse, and has 2 tax dependents – has a MassHealth MAGI household of 4, consisting of himself, his spouse and 2 children. Appellant did not dispute monthly household income of \$5283.96 from his

spouse's employment.<sup>3</sup> This figure is approximately 198.23% of the FPL for a household of 4, substantially over the income limit of 133% of the FPL even with the five-percentage-point deduction set forth in 130 CMR 506.007(A)(3).<sup>4</sup> Accordingly, MassHealth's determination that appellant is not financially eligible for MassHealth is correct.

This appeal is denied.

## **Order for MassHealth**

None.

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<sup>3</sup> There is no evidence that any of the income deductions listed at 130 CMR 506.003(D) apply to the appellant's case. These deductions, which are subject to changes in federal law, are set forth as follows: (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.

<sup>4</sup> As set forth above, that section provides that "[f]ive 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." Five percentage points of the current FPL (\$2,680 per month for a household of 4) is \$134.00 per year.

## **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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Thomas Doyle  
Hearing Officer  
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616