

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2505169
<b>Decision Date:</b>	5/21/2025	<b>Hearing Date:</b>	05/16/2025
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Jose Berrios, Springfield 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>	5/21/2025	<b>Hearing Date:</b>	05/16/2025
<b>MassHealth’s Rep.:</b>	Jose Berrios	<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 March 31, 2025, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth. However, the appellant was approved for Health Safety Net starting on March 21, 2025. See 130 CMR 505.002; 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 March 31, 2025. See 130 CMR 610.015(B) and Exhibit 2. Any MassHealth decision to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits because her income exceeded the allowed threshold.

### Issue

Whether MassHealth correctly determined that the appellant is not eligible for MassHealth benefits pursuant to 130 CMR 505.002; 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 Springfield MassHealth Enrollment Center. The appellant appeared pro se and verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is an adult under the age of [REDACTED] who resides in a household of four, including her three children. The appellant was on MassHealth Standard from May 11, 2024 to March 14, 2025. The MassHealth representative testified that on March 31, 2025, the appellant submitted a renewal application to MassHealth and updated her household income. The appellant reported an income of \$963.23 per week from her employment which equates to \$4,173.66 per month. The MassHealth representative testified that after a 5% MAGI deduction, this figure equates to 150.78% of the federal poverty level (FPL) for a household of four, which exceeds the limit for MassHealth benefits. The income limit to be eligible for MassHealth benefits is 133% of the FPL, or \$3,564.00 per month for a household of four. Through a notice dated March 31, 2025, MassHealth denied the appellant's application for MassHealth benefits.

The appellant confirmed her household size and income. The appellant testified that she has an injury that will require surgery in the near future. She said that she reported this fact to MassHealth, but MassHealth failed to document it in her application. The appellant expressed frustration with consistently receiving misinformation from MassHealth whenever she contacted the customer service line. She also stated that she has not been receiving MassHealth notices. She added that she has submitted an adult disability supplement application to MassHealth and noted that her income is only slightly above the eligibility threshold. As such, she believes she should qualify for MassHealth benefits.

The MassHealth representative confirmed that MassHealth has been mailing all notices to the appellant's correct address. He stated that MassHealth has received the appellant's disability supplement application and that it is currently pending. He further explained that the income threshold is established by the regulation and cannot be modified.

## Findings of Fact

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

1. The appellant is under the age of [REDACTED] and resides in a household of four including her three children. (Testimony).

2. The appellant was on MassHealth Standard from May 11, 2024 to March 14, 2025. (Testimony and Exhibit 4).
3. On March 31, 2025, the appellant submitted a renewal application to MassHealth and updated her household income. The appellant reported an income of \$963.23 per week from her employment which equates to \$4,173.66 per month.<sup>1</sup> (Testimony).
4. On March 31, 2025, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth. However, the appellant was approved for Health Safety Net starting on March 21, 2025. (Testimony and Exhibit 1).
5. The appellant filed this appeal in a timely manner on March 31, 2025. (Exhibit 2).
6. At the hearing, the appellant verified her monthly income of \$4,173.66 from employment. (Testimony).
7. According to the Federal Poverty Guidelines, 133% of the FPL is \$3,564.00 per month for a household of four. (Testimony and Federal Poverty Guidelines).
8. The appellant has not been determined disabled by the Disability Evaluation Services (DES).<sup>2</sup> (Testimony).

## Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits. See 130 CMR 501.003(A). MassHealth offers several coverage types. See 130 CMR 501.003(B). The coverage type for which an individual is eligible is based on their income and circumstances. Id.

Generally, MassHealth regulations at 130 CMR 505.000 explain the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements **and** financial standards.

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

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<sup>1</sup> In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. See 130 CMR 506.007(A)(2)(c).

<sup>2</sup> Disability is defined by 103 CMR 501.001 and by 42 U.S.C.A. § 1382c(a)(1), et seq.

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.

The eligibility requirements for parents are set forth in 130 CMR 505.002(C) and are as follows:

(1) A parent or caretaker relative of a child younger than [REDACTED] years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and

(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of their children, or has children who are absent from home to attend school; or

2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

In this case, the appellant is a parent of a child younger than [REDACTED] so she is categorically qualified for MassHealth Standard. See 130 CMR 505.001(A)(1); 130 CMR 505.002(C)(1). Although the appellant testified and the MassHealth representative confirmed that an adult disability supplement application has been submitted to MassHealth, as of the date of the hearing, the appellant had not been determined to be disabled by DES. As such, a parent who is categorically eligible for

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

MassHealth Standard can only be financially eligible if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL).” See 130 CMR 505.002(C)(1)(a); <https://www.mass.gov/doc/2025-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 testified and MassHealth verified that she lives in a household of four including her three children. Thus, for the purposes of this appeal, the appellant meets the MAGI rules for a household of four.

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 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)<sup>4</sup> less deductions described in

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<sup>4</sup> Pursuant to 130 CMR 506.003(B), countable income includes, in relevant part, unearned income, which “may include, but is not limited to, social security benefits, railroad retirement benefits,

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.

See 130 CMR 506.007(A).

The MassHealth representative testified, and the appellant agreed, that her household income is \$4,173.66 per month. 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 total countable income. See 130 CMR 506.007(A). For a household of four, 5 percentage points of the current FPL equals \$134.00 a month. After deducting five percentage points of the FPL from the appellant's total income (\$4,173.66-\$134.00), the appellant's countable income equals \$4,039.66 per month. Based on the current MassHealth Income Standards and Federal Poverty Guidelines, the income limit for MassHealth benefits is 133% of the FPL, or \$3,564.00 per month for a household of four. <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>. Thus, the appellant's MAGI household income is over the threshold limit for MassHealth benefits. As such, MassHealth correctly determined that the appellant's income exceeds the allowable threshold limit for MassHealth benefits.

For the foregoing reasons, this 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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pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.”

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

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