

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505654
Decision Date:	7/1/2025	Hearing Date:	05/23/2025
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Elizabeth Nickoson – 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

Appeal Decision:	Denied	Issue:	Eligibility; Under 65; Over income
Decision Date:	7/1/2025	Hearing Date:	05/23/2025
MassHealth's Rep.:	Elizabeth Nickoson	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Room 2 (Remote)	Aid Pending:	Yes

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 April 7, 2025, MassHealth notified the appellant that he is not eligible to receive MassHealth benefits because his income is too high. (Exhibit 1, pp. 4-8). The notice further stated that the appellant is eligible for a ConnectorCare plan through the Health Connector. *Id.* The appellant filed this appeal in a timely manner on or about April 9, 2025 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that he is not eligible to receive MassHealth benefits because his income is too high.

Issue

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

Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing by telephone and testified as follows:

The appellant is between the ages of 21 and 64, he is a tax-filer who lives in a household of 1. He previously received MassHealth Standard benefits based on his income at that time. On March 27, 2025, MassHealth notified the appellant that his benefits were terminating on April 10, 2025, for failing to submit additional information that was requested (job update form) within the time allowed (Exhibit 1, pp. 1-3). On April 7, 2025, MassHealth received the appellant's job update form and updated income information. MassHealth verified the appellant's income and on that same date, notified him that he does not qualify for MassHealth benefits due to excess income (Exhibit 1, pp. 4-8). The appellant's gross monthly income from employment is \$2,032.18 per month, which equates to 150.82% of the federal poverty level (FPL). The appellant is eligible for a ConnectorCare plan through the Health Connector. *Id.* To be eligible for MassHealth benefits, an applicant's gross monthly income cannot exceed 133% of the FPL, which is \$1,735.00 for a household of 1. The MassHealth representative stated that the appellant may qualify for MassHealth benefits if he has his disability status verified through the Disability Evaluation Services (DES) Unit. She explained that as of the date of this hearing, DES has not received the appellant's disability application.

The appellant did not dispute his income. He explained that he did not receive the MassHealth notice requesting additional information and upon receiving the March 27th termination notice, he contacted MassHealth to rectify it. As to his previous Standard coverage, the appellant clarified that DES denied his request for disability benefits in 2014. He previously received MassHealth Standard benefits due to being deemed as medically frail. He stated that given the fact that he has several herniated disks, he can only work part time. The appellant explained that he enjoys his job and does not wish to apply for disability benefits. He inquired whether MassHealth would consider continuing his coverage through his status of being medically frail.

The MassHealth representative explained that to be eligible for a medically frail status, the appellant must be eligible to receive MassHealth benefits, here, CarePlus. Once this requirement is met, an applicant can self-declare his or her status of being medically frail to potentially receive a higher benefit, such as Standard benefits. She stated that because the appellant is currently over the income limits for MassHealth CarePlus benefits, he would need to apply to DES to see if he qualifies for MassHealth coverage as a disabled working adult. The MassHealth representative testified that the appellant should have received an adult disability supplement by mail, however, she can mail him another supplement if he did not receive it. She stated that the appellant would need to fill out the application in its entirety, including all releases, and submit it to DES for review. If the appellant is deemed disabled by DES, he would be eligible to receive CommonHealth coverage with a monthly premium assessed, based on his income.

The appellant stated that when he was previously approved for Standard coverage, he was told that his coverage end date would be 2099 – essentially for the remainder of his life. He explained

that receiving Standard coverage has immensely helped him with his MRIs and medical appointments. The MassHealth representative explained that the 2099 date is just a placeholder and does not mean that an applicant will receive MassHealth benefits for a lifetime, as MassHealth is an income-based program and income can fluctuate. She suggested that if the appellant's gross income were to decrease in amount, he could submit his recent paystubs to MassHealth so that his eligibility can be re-determined. The appellant asked whether the FPL guidelines ever change; the MassHealth representative responded that the FPL guidelines are updated in March each year.

Findings of Fact

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

1. The appellant is an adult between the ages of 21 and 64; he is a tax-filer and lives in a household of 1.
2. The appellant was previously eligible for MassHealth benefits based on his income at that time.
3. On March 27, 2025, MassHealth notified the appellant that his benefits were terminating on April 10, 2025 for failing to submit additional information that was requested within the time allowed.
4. On April 7 2025, MassHealth received the outstanding information.
5. On April 7, 2025, MassHealth notified the appellant that he does not qualify for benefits because his income was too high.
6. The appellant's verified monthly gross income from employment amounts to \$2,032.18, which is equal to 150.82% of the FPL for a household of 1.
7. To qualify for MassHealth benefits based on his current status, the appellant's gross monthly income would have to be at or below 133% of the FPL, or \$1,735.00 for a household of 1.
8. The appellant is eligible for a health care plan through the Health Connector.
9. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

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

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults¹, 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. To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, as an adult between the ages of 21 and 64, the appellant meets the categorical requirements for MassHealth CarePlus.²

An applicant is financially eligible for CarePlus benefits if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” (130 CMR 505.002(C)(1)(a); 505.008(A)(2)(c)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing

¹ “Young adults” are defined at 130 CMR 501.001 as those aged 19 and 20.

² The record does not include any evidence to suggest that the appellant would be categorically eligible for any other MassHealth coverage type at this time.

coverage. That regulation provides in relevant part as follows:

(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 woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

In the present case, the appellant does not dispute that he resides in a household of 1.

130 CMR 506.007 describes how an applicant's modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

(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 at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

(1) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.

- (2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.
- (3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is \$2,032.18.³ This amount exceeds 133% of the FPL for a household of 1, which is \$1,735.00. Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the regulations. This appeal is denied.⁴

Order for MassHealth

None, except to remove aid pending.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

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

³ In accordance with 130 CMR 506.003(A), countable income includes, in pertinent part, "the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses."

⁴ The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100. Additionally, the appellant can submit a disability supplement to DES for evaluation, if he so chooses.