

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2506065
Decision Date:	06/03/2025	Hearing Date:	05/22/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:



Appearance for MassHealth:

Monica Ramirez, 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

Appeal Decision:	DENIED	Issue:	Community Eligibility – under 65; Income
Decision Date:	06/03/2025	Hearing Date:	05/22/2025
MassHealth’s Rep.:	Monica Ramirez	Appellant’s Rep.:	██████
Hearing Location:	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 3, 2025, MassHealth downgraded the appellant's benefits from MassHealth CarePlus to Health Safety Net for a limited time and deemed her eligible for a ConnectorCare plan through the Massachusetts Health Connector because MassHealth determined that the appellant’s income exceeded the allowed threshold for MassHealth CarePlus. See 130 CMR 505.008 and Exhibit 1. The appellant’s appeal was timely filed on April 14, 2025. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place to protect the appellant’s benefits. 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 downgraded the appellant's benefits from MassHealth CarePlus to Health Safety Net for a limited time and deemed her eligible for a ConnectorCare plan through the Massachusetts Health Connector.

Issue

Whether MassHealth was correct in downgrading the appellant's benefits pursuant to 505.008(A)(2)(c) and 130 CMR 506.007(A).

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 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 65 who resides in a household of one. The appellant had MassHealth CarePlus from January 20, 2025 to May 31, 2025. On April 3, 2025, the appellant submitted a job update form, and her income was verified electronically. On May 1, 2025, the appellant completed a renewal application online and again verified her income. The appellant earns \$26,789.00 per year from her employment. The MassHealth representative testified that this figure equated to 166.18% of the federal poverty level (FPL) for a household of one, which exceeds the limit for MassHealth benefits. The income limit to be eligible for MassHealth benefits is 133% of the FPL, or \$20,820.00 per year for a household of one. Through a notice dated April 3, 2025, MassHealth downgraded the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth.

The appellant disagreed with her household size and stated that her nephew has very recently moved in with her but agreed that she is not currently declared as his guardian by the court. The appellant confirmed her employment and income but stated that since she is employed by a school bus company, she will not be working during the summer months and may not have the same income as last year.

The MassHealth representative responded that the appellant is the only person listed on her application. She added that the appellant's income was electronically verified on April 3, 2025. She advised that the appellant can always submit her updated paystubs for further verification and redetermination.

Findings of Fact

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

1. The appellant is under the age of 65 and lives in a household of one. (Testimony and Exhibit 4).
2. The appellant had MassHealth CarePlus from January 20, 2025 to May 31, 2025.

3. On April 3, 2025, the appellant submitted a job update form, and her income was verified electronically. (Testimony).
4. On May 1, 2025, the appellant completed a renewal application online and again verified her income as \$26,789.00 per year from her employment. (Testimony).
5. The income limit to be eligible for MassHealth benefits is 133% of the FPL, or \$20,820.00 per year for a household of one. (Testimony and Federal Poverty Guidelines).
6. Through a notice dated April 3, 2025, MassHealth downgraded the appellant's benefits from MassHealth CarePlus to Health Safety Net for a limited time and deemed her eligible for a ConnectorCare plan through the Massachusetts Health Connector. (Testimony and Exhibit 1).
7. The appellant's appeal was timely filed on April 14, 2025. (Exhibit 2).
8. An aid pending protection was put in place to protect the appellant's benefits. (Testimony).

Analysis and Conclusions of Law

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 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 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, 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

¹ “[Y]oung adults” are defined as those aged 19 and 20. See 130 CMR 501.001.

504.003: *Immigrants*; and

(6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

In this case, the appellant is under the age of 65 and meets the categorical requirements for MassHealth CarePlus. The question then becomes whether she meets the income requirements to qualify.

An individual between the ages of 21 and 65 who is categorically eligible for MassHealth CarePlus 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/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).

Although the appellant disagreed with her household size because she stated that her nephew recently moved in with her. She could neither produce proof of guardianship nor presented any evidence regarding whether she expects to claim him as a tax dependent. See 130 CMR 506.002(B)(1)(c). Thus, for the purpose of this appeal, the appellant meets the MAGI rules for a household of one.

Once the individual’s household size is established, her 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) 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.

See 130 CMR 506.007(A).

The appellant's income was verified electronically on April 3, 2025. On May 1, 2025, the appellant again verified her income when she submitted a renewal application online. Thus, at the time of this hearing, the appellant's verified income was \$26,789.00 per year.² 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 \$783.00 a year. After deducting five percentage points of the FPL from the appellant's total income (\$26,789.00-\$783.00), the appellant's countable income equals \$26,006.00. The income limit for MassHealth CarePlus is 133% of the FPL, or \$20,820.00 per year 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.

It should be noted that while the appellant asserts the possibility of living in a household of two and anticipates a future decrease in her income, she has not produced any evidence to substantiate her claims. Since the appellant offered no evidence in support of her claim, she has failed to meet her burden of proof as required. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings").

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

Order for MassHealth

Remove aid pending protection.

² The appellant's eligibility for MassHealth may be redetermined if and when she is able to submit updated paystubs to verify a change in her income. Any subsequent notices from MassHealth will carry their own appeal rights.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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