

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506700
Decision Date:	5/30/2025	Hearing Date:	05/29/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherrienne Paiva

Interpreter:
French



*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:	5/30/2025	Hearing Date:	05/29/2025
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center	Aid Pending:	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 04/17/2025, MassHealth informed the appellant that he was not eligible for MassHealth benefits because his family's income exceeds the program limits. Through the same notice, MassHealth informed the appellant he was eligible for Health Safety Net (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). The appellant filed a timely appeal on 04/28/2025 (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. The appellant was assisted by a French-speaking interpreter. Exhibits 1-3 were marked as evidence.

The MassHealth representative testified that the appellant lives independently in the community with his family. He and his spouse are counted as a family group of two for MassHealth eligibility purposes¹. The instant denial notice was generated as the result of the appellant contacting MassHealth to verify the family's income. The MassHealth representative testified that paystubs from the appellant and his wife show that the appellant earns \$1,870.00 per month and his wife earns \$1,397.00. The household's total income is \$3,268.00 per month. In order for an adult living in the community to be eligible for MassHealth benefits, the member must have a household total income that does not exceed 133% of the federal poverty level (FPL), or \$2,345.00 for a household of two. In this case, the household's income of \$3,268.00 exceeds 133% of the FPL. There is no information that the appellant has claimed a disability, is HIV positive or suffers from breast cancer. Accordingly, the appellant is not eligible for MassHealth benefits. The appellant was approved for Health Safety Net and referred to the Health Connector for a ConnectorPlan.

The appellant appeared at the fair hearing and testified first that his wife does not work. When the hearing officer asked him to clarify his statement, he testified that she works and has income. He estimated her income to be \$1,200.00 per month. He also testified that his income is \$2,400.00 per month. He wishes to have MassHealth benefits because he has rent, and "a lot of bills, including rent and hospital bills to pay.

Findings of Fact

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

1. The appellant lives in the community with his wife and three children. He does not claim his children as tax dependents. MassHealth counts the appellant as a part of a household of two people, including himself and his wife (Testimony).
2. The household has countable monthly income of \$3,268.00 per month from both members' employment (Testimony).
3. 133% of the federal poverty limit for a household of 2 is \$2,345.00 (03/2025).
4. On 04/17/2025, MassHealth informed the appellant that he was not eligible for MassHealth

¹ The appellant also lives with three children, but because the appellant does not claim the children as tax dependents, the MassHealth household size is two people - the appellant and his spouse.

benefits because his family's income exceeds the program limits. Through the same notice, MassHealth informed the appellant he was eligible for Health Safety Net (Exhibit 1).

5. The appellant filed a timely appeal on 04/28/2025 (Exhibit 2).
6. A fair hearing was held on 05/29/2025. All parties appeared telephonically, and the appellant was assisted by a French-language interpreter (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 \$3,258.00. He is counted as part of a household of two 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 \$2,345.00. The appellant did not dispute that he is working. He first testified that his wife does not work, then he testified that his wife also works. No documentary evidenced was presented by the appellant to show that MassHealth incorrectly calculated his income. Accordingly, he has presented no information to show MassHealth's decision to deny his 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 his income or household size changes, he 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

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