

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2507207
<b>Decision Date:</b>	7/23/2025	<b>Hearing Date:</b>	06/09/2025
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	N/A

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Shanell Santiago, Tewksbury MEC

**Interpreter:**



*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; Over Income; Under 65
<b>Decision Date:</b>	7/23/2025	<b>Hearing Date:</b>	06/09/2025
<b>MassHealth's Rep.:</b>	Shanell Santiago	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<b>Aid Pending:</b>	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 25, 2025, MassHealth downgraded appellant's MassHealth benefits from MassHealth Family Assistance to Health Safety Net, beginning on April 14, 2025, because appellant no longer meets MassHealth income criteria. (Ex. 1). Appellant filed this appeal in a timely manner on May 6, 2025. (130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth downgraded appellant's MassHealth benefits from MassHealth Family Assistance to Health Safety Net.

### Issue

The appeal issue is whether MassHealth was correct in downgrading appellant's MassHealth benefits from MassHealth Family Assistance to Health Safety Net.

### Summary of Evidence

Appellant, an interpreter and the MassHealth worker (worker) appeared by telephone and were sworn. The worker stated the following: The appellant was previously eligible for MassHealth Family Assistance. MassHealth received a paper renewal from appellant on April 24, 2025. It was processed on April 25, 2025 and appellant was found eligible for the Health Safety Net. The worker stated appellant is a household of 1 with an income of \$2,273 a month from employment. The worker stated this placed appellant at 169.30% of the Federal Poverty Level (FPL). The worker testified for appellant to qualify for MassHealth, her income cannot exceed \$1,735 a month or 133% of the FPL. She stated there was no indication of a disability and no regulatory deductions were applicable. (Testimony).

Appellant stated her employer has reduced her hours. She also asked if the worker could explain the Health Safety Net. The worker explained what the Health Safety Net covers and explained to appellant if her income changes, she can submit updated pay stubs to MassHealth and MassHealth would use those new pay stubs to determine if appellant qualifies for a MassHealth benefit.

## **Findings of Fact**

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

1. MassHealth received a paper renewal from appellant on April 24, 2025 that was processed on April 25, 2025 and appellant was found eligible for the Health Safety Net. (Testimony).
2. Appellant is a household of 1 with an income of \$2,273 a month from employment, placing her at 169.30% of the FPL. Appellant is under the age of 65. (Testimony; Ex. 5).
3. 133% of the FPL is \$1,735 per month for a household of 1. (Testimony; 2025 MassHealth Income Standards and Federal Poverty Guidelines).
4. Appellant was previously eligible for MassHealth Family Assistance. (Testimony; Ex. 1).

## **Analysis and Conclusions of Law**

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

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 adults<sup>1</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; she is therefore not currently eligible for either of these coverage types. There is also no evidence that the appellant currently meets the categorical requirements for MassHealth Family Assistance. See 130 CMR 505.005(A).<sup>2</sup>

The remaining question is whether the appellant is eligible for MassHealth CarePlus, for which the income limit is 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:

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

<sup>2</sup> It is not clear from the record under what provision the appellant previously qualified for Family Assistance.

(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 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 has no tax dependents, therefore, has a MassHealth MAGI household of one, consisting of herself. The appellant's monthly household income is \$2,273 from employment.<sup>3</sup> This figure is approximately 169.30% of the FPL for a household of one and over the income limit of 133% FPL, or a maximum of \$1,735 a month, even with the five-percentage-point deduction set forth in 130 CMR 506.007(A)(3).<sup>4</sup> Accordingly, MassHealth's determination that the appellant is over income is correct.

This appeal is denied.

## **Order for MassHealth**

End aid pending.

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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 (\$1,735 per month for a household of one) is \$86.75 per month.

## 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: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290