

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507232
Decision Date:	7/23/2025	Hearing Date:	06/10/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Liz 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:	Community Eligibility-Under 65-Income
Decision Date:	7/23/2025	Hearing Date:	06/10/2025
MassHealth's Rep.:	Liz Nickoson	Appellant's Rep.:	Pro se
Hearing Location:	Remote	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 April 24, 2025, MassHealth notified Appellant that he is not MassHealth eligible due to income that exceeds program limits (130 CMR 505.001, 506.007 and Exhibit 1). Appellant filed this appeal in a timely manner on May 8, 2025 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified Appellant that he is not MassHealth eligible due to income that exceeds program limits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 506.007 in determining that Appellant is not MassHealth eligible due to income that exceeds program limits.

Summary of Evidence

The MassHealth representative testified that Appellant is between [REDACTED] years of age and is a household size of one non-disabled individual. The MassHealth representative testified that Appellant has not been previously enrolled in a MassHealth program and completed a MassHealth application by telephone on April 24, 2025. Appellant lives with his adult daughter, files taxes, and does not claim her as a tax dependent. Appellant indicated a potential disability, and a disability supplement was sent to him. Appellant reported earned gross income of \$875 per week, which totals \$3,791.37 per month, and equates to 285% of the federal poverty level. Because Appellant is not categorically eligible for a MassHealth coverage type, and income exceeds program limits, Appellant's MassHealth application was denied.

Appellant verified household size and income. Appellant stated that he submitted a disability supplement to MassHealth. Appellant asserted that only his net income should be considered because he pays rent and health insurance premiums.

Findings of Fact

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

1. Appellant is between [REDACTED] years of age.
2. Appellant is a household size of one non-disabled individual.
3. Appellant files taxes.
4. Appellant has not been previously enrolled in MassHealth coverage.
5. Appellant reported earned gross income of \$875 per week, which totals \$3,791.37 per month.
6. 100% of the federal poverty level for a household size of one person is \$1,305.
7. 133% of the federal poverty level for a household size of one person is \$1,735.

Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits (130 CMR 501.003(A)). The coverage type for which an individual is eligible is based on their income and circumstances. Regulation 130 CMR 505.000

explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (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 [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, 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

Pursuant to 130 CMR 506.003, countable household 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. ^{1,2} Appellant did not testify to or document any of the allowable expenses under 506.003(D); however, Appellant can update changes in income and applicable expenses to MassHealth at any time. Income of all household members forms the basis for establishing an individual's eligibility (130 CMR 506.007). In determining monthly income for MassHealth purposes, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable

¹ See 130 CMR 506.003: Countable household 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). 130 CMR 506.003(B) Unearned Income.(1) Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return.(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, 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.

² MassHealth allows the following deductions from countable income when determining MAGI: educator expenses; reservist/performance artist/fee-based government official expenses; health savings account; moving expenses; self-employment tax; self-employment retirement account; penalty on early withdrawal of savings; alimony paid to a former spouse; individual retirement account (IRA); student loan interest; and higher education tuition and fees. 130 CMR 506.003(D).

household total countable income to determine the eligibility of the individual under the coverage type with the highest income standard (130 CMR 506.007(A)). Appellant's gross earned income is \$875 weekly, which averages to \$3,791.37 monthly, and places household income at 285% of the federal poverty level [$\$3,791.37 - \$65.25^3 = \$3,726.12$] [$\$3,726.12 \div \$1,305 \times 100 = 285\%$]. MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of one [$\$1,735$] making Appellant ineligible for MassHealth CarePlus (130 CMR 505.008(A)).⁴ Appellant indicated a disability, and a disability supplement was sent to him, which is pending a determination by MassHealth through Disability Evaluation Services. Because Appellant is not otherwise categorically eligible for a MassHealth coverage type, MassHealth correctly denied coverage by notice dated April 24, 2025. Appellant can direct any questions about the Health Connector to 1-877-623-6765 and Health Safety Net to 877-910-2100.

Order for MassHealth

None.

³ 5% of \$1,305.

⁴ 130 CMR 505.008(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults [REDACTED] 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 [REDACTED] 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.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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