

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507916
Decision Date:	08/21/2025	Hearing Date:	07/01/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Hector Rivera, Springfield MassHealth
Enrollment Center

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

Appeal Decision:	Denied	Issue:	Community Eligibility; Under 65; Income
Decision Date:	08/21/2025	Hearing Date:	07/01/2025
MassHealth's Rep.:	Hector Rivera	Appellant's Rep.:	Pro se
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 30, 2025, MassHealth terminated the appellant's MassHealth Standard benefits because MassHealth determined that the appellant no longer meets the income requirements to qualify. See 130 CMR 505.008 and Exhibit 1. The appellant filed this appeal in a timely manner on June 2, 2025. See 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth Standard benefits.

Issue

The appeal issue is whether MassHealth correctly calculated the appellant's income in determining that he is no longer eligible for benefits.

Summary of Evidence

The appellant is a young adult between the age of [REDACTED] who resides in a household of one and was assisted at the hearing by a Ukrainian - speaking interpreter. MassHealth was

represented by a worker from the Springfield MassHealth Enrollment Center. The following is a summary of the evidence and testimony provided at the hearing:

Prior to the notice at issue, the appellant received MassHealth Standard benefits. On March 27, 2025, MassHealth requested that the appellant submit a job update form confirming his income information to maintain his eligibility. The appellant submitted that job update form on April 24, 2025, and reported that he earns approximately \$45,000 a year in wages. MassHealth also calculated a monthly income of \$4367.66 based on information provided by the appellant with the job update form. On April 30, 2025, MassHealth determined that the appellant was over the income limit to qualify and terminated the appellant's benefits. The MassHealth representative reported that the appellant's monthly income is approximately 329% of the federal poverty level for a household of one.

The appellant reported that he is not HIV positive, does not have breast or cervical cancer, is not pregnant, and does not have a disability. He testified that his number of hours per week is not consistent, and that in the last three weeks he has worked 46, 54, and 44 hours in a week. The appellant stated that he earns \$21.00 per hour and earns time and a half for overtime, and he makes approximately \$3800.00 to \$4000.00 per month. He testified that has an immense number of bills that make it nearly impossible for him to afford the health insurance options provided to him.

Findings of Fact

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

1. The appellant is a young adult between the age of [REDACTED] who resides in a household of one and who previously received MassHealth Standard benefits. Testimony, Exhibit 4.
2. On or about April 24, 2025, the appellant submitted a job update form reporting a yearly income of approximately \$45,000. Testimony.
4. On April 30, 2025, MassHealth determined that the appellant's income exceeds the limit allowed to qualify for benefits and issued a notice terminating the appellant's benefits. Testimony, Exhibit 1.
5. The appellant filed a timely notice of appeal on June 2, 2025, and Aid Pending was applied. Exhibit 2.
6. The appellant earns a gross hourly rate of \$21.00 and works at least 40 hours per week, earning him a monthly income of at least \$3639.72 in wages. Testimony.

7. The appellant is not HIV positive, does not have breast or cervical cancer, is not pregnant, and does not have a disability. Testimony.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility for individuals who are under age 65 are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) *MassHealth Standard* - for pregnant women, 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 of age who are not eligible for MassHealth Standard;
- (4) *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) *Limited* - for certain lawfully present immigrants as described in 130 CMR 504.003(A), 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.

130 CMR 505.001(A) (emphasis added).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant is between the age of 19 and 20, he is a young adult who meets the categorical requirements for MassHealth Standard. The question then remains as to whether he meets the income requirements to qualify.

An individual between the ages of [REDACTED] is eligible for MassHealth Standard if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level.” 130 CMR 505.002(B)(3)(a)(1). To determine financial eligibility pursuant to 130 CMR 506.007, MassHealth must construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

- (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.

Here, the appellant does not challenge that he resides in a household of one. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 150% of the federal poverty level equates to a monthly income of \$1957.00 for a household of that size. See *chart* at <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

MassHealth determines an applicant's modified adjusted gross income (MAGI) by taking the countable income, which includes earned income as 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). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

- (A)(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.

....

(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) Multiply the annual 100% figure posted in the Federal Register by the applicable federal poverty level income standard.
- (2) Round these annual figures up to the nearest hundredth.
- (3) Divide by 12 to arrive at the monthly income standards.

Per 130 CMR 506.003(A), countable income includes, in relevant 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.”

In this case, the appellant reports that he earns \$21.00 per hour and works at least 40 hours per week. That equals at least \$840.00 per week which, when multiplied by 4.333, amounts to at least \$3639.72 in total gross monthly income. As this amount exceeds 150% of the federal poverty level based on the income standards for 2025, even less the 5% federal poverty level deduction, the appellant’s minimum gross monthly income renders him financially ineligible for MassHealth benefits. Therefore, I find that MassHealth did not err in issuing the April 30, 2025, notice terminating the appellant’s MassHealth Standard assistance.

For the foregoing reasons, the appeal is denied.

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.

Order for MassHealth

None, other than 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.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center