

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2508512
Decision Date:	07/08/2025	Hearing Date:	07/03/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Carmen Rivera, Quincy 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

Appeal Decision:	DENIED	Issue:	Community Eligibility – under 65; Income
Decision Date:	07/08/2025	Hearing Date:	07/03/2025
MassHealth's Rep.:	Carmen Rivera	Appellant's Rep.:	██████
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 May 21, 2025, MassHealth notified the appellant that she does not qualify for MassHealth benefits because MassHealth determined that the appellant's income exceeded the allowed threshold. However, the appellant was approved for Health Safety Net for a limited time as well as a ConnectorCare plan through the Massachusetts Health Connector starting on May 11, 2025. See 130 CMR 505.008; 130 CMR 506.002; 130 CMR 506.003; 130 CMR 506.007; 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. Denial of an application or request for assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

Action Taken by MassHealth

MassHealth determined that the appellant does not qualify for MassHealth benefits because her income exceeded the allowed threshold.

Issue

Whether MassHealth correctly determined that the appellant is not eligible for MassHealth benefits pursuant to 130 CMR 505.008; 130 CMR 506.002; 130 CMR 506.003; and 130 CMR

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 through an interpreter 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 was on MassHealth CarePlus as of February 16, 2025. On April 9, 2025, MassHealth requested that the appellant submit a job update form to MassHealth by May 9, 2025. On May 11, 2025, the appellant completed a job update form telephonically. Based on her submission, MassHealth determined that the appellant's income from employment is \$2,369.58 per month. This figure equates to 176.69% of the federal poverty level (FPL) for a household of one which exceeds the limit for MassHealth CarePlus. The MassHealth representative stated that the income limit to receive MassHealth CarePlus is 133% of the FPL, or \$1,735.00 per month. Through a notice dated May 21, 2025, MassHealth notified the appellant that she does not qualify for MassHealth benefits because her income exceeded the allowed threshold. However, the appellant was approved for Health Safety Net for a limited time as well as a ConnectorCare plan through the Massachusetts Health Connector starting on May 11, 2025. The MassHealth representative stated that since the appellant declared a disability over the phone, an adult disability supplement form was mailed out to her.

The appellant stated that her take-home pay is lower than the amount stated by MassHealth because taxes are deducted from her paycheck. She stated that others live in her household but acknowledged that she does not claim them on her taxes.

The MassHealth representative explained that MassHealth considers gross income when determining eligibility, confirmed that the appellant is not married, and that she is not a caretaker of anyone under the age of 19.

Findings of Fact

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

1. The appellant is under the age of 65 and resides in a household of one. (Testimony and Exhibit 4).
2. The appellant was on MassHealth CarePlus as of February 16, 2025. (Testimony and Exhibit 4).

3. On May 11, 2025, the appellant completed a job update form telephonically. (Testimony).
4. The appellant's verified gross monthly income from employment is \$2,369.58 per month. (Testimony).
5. According to the Federal Poverty Guidelines, 133% of the FPL is \$1,735.00 a month for a household of one. (Testimony and Federal Poverty Guidelines).
6. On May 21, 2025, MassHealth notified the appellant that she does not qualify for MassHealth benefits because her income exceeded the allowed threshold. However, the appellant was approved for Health Safety Net for a limited time as well as a ConnectorCare plan through the Massachusetts Health Connector starting on May 11, 2025. (Testimony and Exhibit 1).
7. The appellant filed this appeal in a timely manner on June 2, 2025. (Exhibit 2).
8. The appellant is not married and is not a caretaker of anyone under the age of 19. (Testimony).

Analysis and Conclusions of Law

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 individuals², 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 504.003: *Immigrants*; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for

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

² "Disabled" is defined as having a permanent and total disability as determined by Disability Evaluation Services (DES). See 130 CMR 501.001.

certain Medicare beneficiaries.

An individual between the ages of 21 and 64 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).

Here, the appellant is between the ages of 21 and 65. She verified that she lives in a household of one after she acknowledged that she does not claim anyone on her taxes. Thus, the appellant meets the categorical requirements for MassHealth CarePlus for a household of one. The question then becomes whether she meets the income requirements to qualify.

Once the individual’s household size is established, his/her MassHealth MAGI household income is determined in the following manner:

- (2)using the total of all countable monthly income³ 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).

³ Countable household income includes earned income which is the “total amount of taxable compensation received from work...” See 130 CMR 506.003(A).

(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).

Additionally, under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (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.

See 130 CMR 506.003(D).

In this case, the appellant stated that her take-home pay is lower than the amount stated by MassHealth because taxes are deducted from her paycheck. Because earned income is the “total amount of taxable compensation received from work,” and customary taxes do not fall within the allowable deductions enumerated in 130 CMR 506.003(D), MassHealth correctly determined the appellant’s monthly income to be \$2,369.58. See 130 CMR 506.003(A).

Thus, per MAGI rules as explained supra, 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 \$65.25 a month. After deducting five percentage points of the FPL from the appellant's total income (\$2,369.58-\$65.25), the appellant's countable income equals \$2,304.33. The income limit for MassHealth CarePlus is 133% of the FPL, or \$1,735.00 per month 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.

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

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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