

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508619
Decision Date:	07/25/2025	Hearing Date:	07/18/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Carmen Rivera, Quincy MassHealth Enrollment
Center



*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:	07/25/2025	Hearing Date:	07/18/2025
MassHealth's Rep.:	Carmen Rivera	Appellant's Rep.:	Pro se
Hearing Location:	Video (Quincy)	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 notices dated May 9, 2025, MassHealth downgraded the appellant's benefits from MassHealth Standard to the Health Safety Net and the benefits of her two children from MassHealth Standard to MassHealth Family Assistance. The downgrades were effective June 30, 2025, for the appellant and May 23, 2025, for her children and were imposed due to an increase in the appellant's reported income. *See* 130 CMR 505.002 and Exhibit 1. The appellant filed this appeal in a timely manner on June 5, 2025, and Aid Pending was applied to the appellant's benefits. *See* 130 CMR 610.015(B) and Exhibit 2. Termination and decisions regarding scope and amount of assistance are valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded the appellant's benefits from MassHealth Standard to the Health Safety Net and the benefits of her children from MassHealth Standard to MassHealth Family Assistance.

Issue

The appeal issue is whether MassHealth correctly calculated the appellant's income in determining that she is no longer eligible for MassHealth benefits and her children are only eligible for

Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of three with her two children who are between the ages of 1 and 18¹. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. All parties appeared at the hearing by video conference. The following is a summary of the evidence and testimony provided:

Prior to the issuance of the appealed notices, the family received MassHealth Standard benefits. On or about April 23, 2025, the appellant submitted a job update form to MassHealth, who then requested paystub verification of income. MassHealth was subsequently able to verify that the appellant earns approximately \$1,039.61 in weekly income. This amounts to about 171.59% of the federal poverty level, including the 5% disregard, for a household of 4, which is the household size MassHealth had on file at the time the notices were generated. MassHealth reported that, prior to these verifications being received, the appellant's calculated income was based on information received in August of 2023. MassHealth issued the notices on appeal on May 9, 2025, downgrading the appellant's benefits to the Health Safety Net, and placing her children on MassHealth Family Assistance, each with a \$12.00 per month premium.

The appellant reported that her hours vary each week, but that she always works at least 38 hours and earns \$27.00 per hour. She testified that her last raise was approximately a year ago. She agreed with the hearing officer's calculation that 27 x 38 equals weekly wages of \$1,026.00, which, when multiplied by 4.333, amounts to a monthly income of \$4,445.97 or 200.15% of the federal poverty level². She also stated that she may have a disability, but does not receive Social Security, and has not been deemed disabled by MassHealth. She reported that neither she nor her children have cancer, HIV, or are pregnant.

The MassHealth representative provided the appellant with access to the disability supplement and information regarding the MassHealth Premium Assistance program.

¹ At the time the notice issued, the appellant's mother also resided with the family, but the appellant reported that this is no longer the case, and the appellant's mother was removed from the household by the MassHealth representative with the appellant's consent.

² After the close of the hearing, the appellant faxed several recent paystubs to the Board of Hearings for consideration. Although I do not include them as part of the hearing record, as the record was closed at the time that they were received, I will note that they essentially comport with these calculations and do not affect the appellant's family's eligibility to their advantage.

Findings of Fact

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

1. The appellant is an adult under the age of 65 who resides in a household of three with her two children who are between the ages of 1 and 18. Testimony, Exhibit 4.
2. The appellant's household received MassHealth Standard benefits prior to the issuance of the notice on appeal. Exhibit 1, Exhibit 4.
3. On or about May 6, 2025, the appellant updated her income with MassHealth. Testimony. MassHealth verified the reported income and determined that the household is over the income limit to qualify for MassHealth Standard, but that her the appellant's children qualify for MassHealth Family Assistance with a \$12.00 per child monthly premium. Exhibit 1, Testimony. MassHealth issued notices reflecting the downgrade of benefits on May 9, 2025, with effective dates of June 30, 2025, for the appellant, and May 23, 2025, for her children. *Id.*
5. The appellant filed a timely notice of appeal on June 5, 2025, and Aid Pending was applied to the appellant's benefits, but not those of her children. Exhibit 2.
6. The appellant earns a gross monthly income of at least \$4,445.97 in wages, or 200.15% of the federal poverty level. Testimony. She last received a raise approximately one year ago. *Id.*
7. The appellant and her family are not a foster care youth, do not have HIV or cancer, are not pregnant, and have not been deemed disabled by the Social Security Administration nor by MassHealth. 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's children are between the ages of 1 and 18. Thus, they meet the categorical requirements to qualify for MassHealth Standard and Family Assistance. Meanwhile, as the caretaker of minor children, the appellant categorically qualifies for MassHealth Standard. The question then remains as to whether they meet the income requirements to qualify for either benefit.

A parent or caretaker is financially eligible for MassHealth Standard if "the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level." 130 CMR 505.002(C)(1)(a). A child between the age of 1 through 18 is financially 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(C)(1)(a). Children who are citizens are eligible for MassHealth Family Assistance if the "modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300% of the federal poverty level." 130 CMR 505.005(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 Their 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 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.

- (2) Individuals Claimed as a Tax Dependent on Federal Income Taxes.
- (a) For an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which the initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.002(B)(2)(b)1., 2., or 3., the household consists of
1. the individual;
 2. the individual's spouse, if living with them;
 3. the taxpayer claiming the individual as a tax dependent;
 4. any of the taxpayer's tax dependents; and
 5. if any individual described in 130 CMR 506.002(B)(2)(a)1. through 4. is pregnant, the number of expected children.

Here, the appellant does not dispute that her family resides in a household of three. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level equates to a monthly income of \$2,954.00 for a household of three, while 150% is \$3,332.00 and 300% is \$6,663.00. 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.”

MassHealth may charge a monthly premium to “Family Assistance members who have income above 150% of the federal poverty level...” 130 CMR 506.011. For children receiving MassHealth Family Assistance, those with an income between 150-200% of the federal poverty level are charged a \$12 per child per month premium, while those between 200-250% a \$20 monthly premium, and between 250-300% \$28 per month. *Id.* at 506.011(B)(3).

In this case, the appellant agrees she earns at least \$4,445.97 gross monthly income. As that amount exceeds 150% of the federal poverty level based on the income standards for 2025, even less the 5% federal poverty level deduction, and no member of the appellant’s family has been found to have a health condition that would change their applicable income standard, the appellant and her family are not financially eligible for MassHealth Standard. Because the monthly income is less than 300% of the federal poverty level, the appellant’s children were properly placed on MassHealth Family Assistance. I find that MassHealth did not err in issuing the May 9, 2025, notices downgrading the appellant from MassHealth Standard to the Health Safety Net and her children from MassHealth Standard to Family Assistance.³

Furthermore, I note that the removal of the appellant’s mother from the family’s household could impact the monthly premium that the family will be charged, as they are no longer between 150-200% of the federal poverty level. MassHealth would be acting within the bounds of the regulations if it issued a new notice reflecting a monthly premium of \$20.00 per child, as provided in 130 CMR 506.011(B)(3).

For the foregoing reasons, the appeal is denied.

³ The appellant and her family do not qualify for extended eligibility, because there is no evidence that her income has been over 133% of the federal poverty level for under 12 months. See 130 CMR 505.002(L)(3).

Order for MassHealth

None, except to remove Aid Pending for the appellant.

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: Quincy MEC, Attn: Appeals Coordinator