

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509126
Decision Date:	10/07/2025	Hearing Date:	07/25/2025
Hearing Officer:	Emily Sabo	Record Open to:	08/22/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Stella Mudenya, Charlestown 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:	10/07/2025	Hearing Date:	07/25/2025
MassHealth's Rep.:	Stella Mudanya	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center (Telephone)	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 May 29, 2025, 2025, MassHealth downgraded the Appellant's MassHealth CarePlus benefit to Health Safety Net,¹ on the grounds that her income was too high to qualify.² 130 CMR 505.008(A)(2)(c) and Exhibit 1. The Appellant filed this appeal in a timely manner on June 12, 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 downgraded the Appellant's MassHealth benefits.

¹ The notice states that Health Safety Net is available for a limited time only to allow the Appellant to enroll in a Connector Care plan. Exhibit 1.

² The notice states that the CarePlus benefit is scheduled to end June 30, 2025, and that the Appellant's income is 291.60% of the federal poverty level. Exhibit 1.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008(A)(2)(c), in determining that the Appellant is not eligible for MassHealth based on her income.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult between the ages of 21-64 with a household size of one. The MassHealth representative testified that because the Appellant filed her appeal before her benefit was scheduled to end, the Appellant's CarePlus benefit continued for the pendency of the appeal. The MassHealth representative testified that the Appellant's income was \$3,868/month, which was too high to qualify for CarePlus.

The Appellant verified her identity and testified that her income was more like \$1,900/month. The Appellant testified that her rent is \$1,650/month and that she does not have money for basic necessities. The Appellant testified that she is unable to pay for health insurance. The Appellant testified that she received a letter from the Health Connector Appeals Unit that she is eligible for MassHealth CarePlus.

The record was held open until August 8, 2025, for the Appellant to submit her four most recent pay stubs, and until August 22, 2025 for MassHealth to review and respond. Exhibit 5. The parties did not submit information to the Board of Hearings during the record open period. Upon inquiry from the hearing officer, the MassHealth representative stated that the Appellant had submitted pay stubs to MassHealth and that her income was verified as being 178.71% of the 2025 federal poverty level. Exhibits 5 and 6. The Appellant stated that she had lost dental coverage, which she would like restored, and that she would have to choose between paying for healthcare or food. Exhibit 5.

Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64 and has a household size of one. Testimony and Exhibit 4.
2. On May 29, 2025, MassHealth notified the Appellant that it was downgrading her CarePlus benefit, effective June 30, 2025, to temporary Health Safety Net, due to her income being too high. Testimony, Exhibit 1.

3. The Appellant filed a timely appeal of the notice on June 12, 2025. Exhibit 2.
4. MassHealth verified that the Appellant's income is 178.71% of the federal poverty level. Exhibits 5 & 6.

Analysis and Conclusions of Law

As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. 130 CMR 501.003(A).

130 CMR 505.001: Introduction

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

(A) The MassHealth coverage types are the following:

- (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 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.

130 CMR 505.001(A).

130 CMR 505.008: MassHealth CarePlus

(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 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 21 through 64 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.

130 CMR 505.008(A).

130 CMR 506.007: Calculation of Financial Eligibility

The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(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 at 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.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(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.

130 CMR 506.007(A), (B), (C).

Here, the Appellant has not established that she would be categorically eligible for a type of MassHealth benefit other than CarePlus for adults aged 21 to 64. To be financially eligible for MassHealth CarePlus, an individual's modified adjusted gross income (MAGI) must be less than or equal to 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). In 2025, 133% of the federal poverty level for a household of one is \$1,735/month. The Appellant's verified income is 178.71% of the federal poverty level. Exhibits 5 and 6. This is too high to qualify for CarePlus. 130 CMR 505.008(A)(2)(c). I am very sorry for the Appellant's situation and the financial stress that she described. Unfortunately, the regulations are clear that eligibility for CarePlus is limited to those individuals whose MAGI must be less than or equal to 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). Because, due to her current income, the Appellant is not financially eligible for CarePlus, the appeal is denied.

Based on her verified income, the Appellant may be eligible for a subsidized plan through the Health Connector. 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

End 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.

Emily Sabo
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center,
529 Main Street, Suite 1M, Charlestown, MA 02129