

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509806
Decision Date:	9/25/2025	Hearing Date:	08/08/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Liz Nickoson, Taunton 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:	9/25/2025	Hearing Date:	08/08/2025
MassHealth’s Rep.:	Liz Nickoson	Appellant’s Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center (Telephone)	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 June 18, 2025, MassHealth denied the Appellant's application for MassHealth benefits because her household's income was too high to qualify for MassHealth benefits. 130 CMR 506.007(B), 130 CMR 502.003, and Exhibit 1. The Appellant filed this appeal in a timely manner on July 1, 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 denied the Appellant's application for MassHealth benefits because her household's income was too high to qualify for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007(B) and 130 CMR 502.003, in determining that the Appellant's household income was too high to qualify for MassHealth benefits.

Summary of Evidence

The hearing was held by telephone. MassHealth was represented by a Taunton MassHealth Enrollment Center worker. The Appellant represented herself and verified her identity. Prior to the hearing, the Appellant submitted a summary of her monthly household expenses, private insurance copay information, and cost estimates for health care expenses and services. Exhibit 5.

The MassHealth representative testified that the Appellant is [REDACTED] with a household size of two, and that the Appellant and her husband are joint tax filers. The MassHealth representative testified that the household's income is 199.96% of the 2025 federal poverty level. The MassHealth representative testified that the Appellant has no income, but that the Appellant's husband's gross income is \$1,667.00 biweekly, which is \$3,612.39 monthly. The MassHealth representative testified that both the Appellant and her husband are ineligible for a subsidized Health Connector plan because they have access to the husband's employer-sponsored insurance, which meets minimum essential coverage requirements. The MassHealth representative testified that the Appellant's monthly household income would need to be 133% of the federal poverty level or less, which is \$2,345.00 monthly, to qualify for MassHealth without a verified disability on file. The MassHealth representative testified that there is a potential disability on file for the Appellant, as a disability supplement was sent to the Appellant on June 24, 2025, but that Disability Evaluation Services had not made a disability determination for the Appellant as of the hearing date.

The Appellant testified that she is enrolled in private health insurance through her husband's employer, but that they discovered this insurance does not cover her medical costs. The Appellant testified that she has had some medical issues that she has not sought care for because it was cost prohibitive. As a result, the Appellant testified that she is seeking supplemental coverage through MassHealth or a Health Connector plan. The Appellant testified that their monthly income seems high because her husband works fifty-to-sixty-hour weeks and that they cannot afford for her husband to work less. The Appellant testified that she believes the \$3,612.39 gross monthly income is accurate. Regarding the disability supplement, the Appellant testified that she received, completed, and mailed back the disability supplement in July 2025.

Findings of Fact

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

1. The Appellant is a [REDACTED] woman, who is enrolled in her husband's private, employer-sponsored insurance (Testimony, Exhibit 4).
2. On June 18, 2025, MassHealth denied the Appellant's application for MassHealth benefits because her household's income was too high (Testimony, Exhibit 1).

3. On July 1, 2025, the Appellant filed a timely appeal with the Board of Hearings (Testimony).
4. The Appellant lives in a household of two (Testimony, Exhibit 1).
5. The Appellant and her husband are joint tax filers (Testimony).
6. The Appellant's household income is 199.96% of the federal poverty level (Testimony, Exhibit 1).
7. The Appellant has no income herself (Testimony).
8. The Appellant's husband's gross monthly income is \$3,612.39 (Testimony).
9. Both the Appellant and her husband are ineligible for a subsidized Health Connector plan because they have access to private, employer-sponsored insurance (Testimony).
10. The Appellant's gross household income would need to be at or below \$2,345.00 monthly to qualify for MassHealth without a verified disability on file (Testimony).
11. There is a potential disability on file for the Appellant, as a disability supplement was sent to the Appellant on June 24, 2025, but Disability Evaluation Services has not made a disability determination (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 ■ 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 ■ 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).

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 [REDACTED]
- (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]
 - (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).

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).

502.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements*, 130 CMR 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*, and 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

130 CMR 502.003 (preamble).

Here, the Appellant's household income is 199.96% of the 2025 federal poverty level, after deducting 5% of the household total countable income as set forth in 130 CMR 506.007(A)(3). This is greater than the financial eligibility limit of 133% of the federal poverty level, as required for MassHealth CarePlus. 130 CMR 505.008(A)(2)(c).¹ While I am sympathetic to the expenses that the Appellant enumerated relative to the household income, they are not deductible from countable gross income under 130 CMR 506.003(D). Exhibit 5. Considering that the Appellant agreed that the household's income is \$3,612.39 monthly for a household of two, MassHealth did not err in denying the Appellant's application, as her income is too high and she is not categorically eligible for another type of MassHealth coverage. Therefore, the appeal is denied.²

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

¹ Pursuant to 130 CMR 505.008(D), "Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth CarePlus:" (1) MassHealth may perform an investigation to determine if individuals receiving MassHealth CarePlus have (a) health insurance that MassHealth can help pay for; or (b) access to employer-sponsored insurance that MassHealth wants the individual to enroll and for which MassHealth will help pay.

² The Appellant's disability supplement is not before me but if Disability Evaluation Services determines that the Appellant has a verified disability, she may qualify for MassHealth CommonHealth with Premium Assistance, whereby MassHealth would require that she continue to be enrolled in her husband's employer-sponsored insurance plan. 130 CMR 505.004(K).

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