

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2509883
<b>Decision Date:</b>	9/25/2025	<b>Hearing Date:</b>	08/06/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Liz Nickoson, Taunton 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility—under 65; Income
<b>Decision Date:</b>	9/25/2025	<b>Hearing Date:</b>	08/06/2025
<b>MassHealth’s Rep.:</b>	Liz Nickoson	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center (Virtual)	<b>Aid Pending:</b>	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 June 19, 2025, MassHealth terminated the Appellant's MassHealth benefit, effective July 3, 2025, on the grounds that it received information from available state or federal data sources that affected her eligibility and that the Appellant did not respond to MassHealth’s request for more information in the time allowed. 130 CMR 502.007(C)(3) and Exhibit 1. The Appellant filed this appeal in a timely manner on July 2, 2025.<sup>1</sup> 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 terminated the Appellant’s MassHealth benefits.

## Issue

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<sup>1</sup> The Appellant completed a job update form on July 2, 2025, and as testified to by the MassHealth representative, the Appellant’s income is too high to qualify for MassHealth benefits.

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

Prior to the hearing, the Appellant submitted computer screenshots showing her unemployment benefits and deductions for mortgage and credit union payments from her bank account. Exhibit 5.

The hearing was held virtually. The MassHealth representative testified that the Appellant is an adult between the ages of [REDACTED] with a household size of one. The MassHealth representative testified that the Appellant is a tax filer and that because the Appellant filed her appeal before her benefit was scheduled to end, that the Appellant's CarePlus benefit continued for the pendency of the appeal. The MassHealth representative explained that the June 19, 2025 notice was based on MassHealth not receiving a job update form for the Appellant, but that she submitted the job update form on July 2, 2025. The MassHealth representative testified that the Appellant receives \$1,051/weekly in unemployment benefits, which equals 344.19% of the 2025 federal poverty level. The MassHealth representative explained that in order to qualify for CarePlus, the Appellant's income would need to be 133% of the federal poverty level or less, which equals \$1,735/month. The MassHealth representative testified that the Appellant qualified for a Connector Care Type 2B plan. The MassHealth representative testified that MassHealth does not have any reported disability on file for the Appellant. The MassHealth representative testified that the Appellant could reapply for MassHealth if her unemployment benefits end and her income changes.

The Appellant verified her identity. The Appellant explained that this was a new process for her, and that she had lost her job, and that her cost of living is much higher relative to her unemployment income. The Appellant testified that she has certain mortgage and loan commitments that she must meet. The Appellant testified that her unemployment benefits are scheduled to expire in six weeks. The Appellant stated that she thought it was strange that she would need to enroll in a paid health insurance plan to then go on an unpaid health insurance plan shortly thereafter.

## Findings of Fact

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

1. The Appellant is an adult between the ages of [REDACTED] and has a household size of one. Testimony and Exhibit 4.
2. On June 19, 2025, MassHealth notified the Appellant that it was terminating her CarePlus

benefit, effective July 3, 2025, for failing to timely respond to a MassHealth request for information. Testimony, Exhibit 1.

3. The Appellant filed a timely appeal of the notice on July 2, 2025. Exhibit 2.
4. The Appellant's income is \$1,051/week, or \$4,553.98 per month, in unemployment benefits, which equals 344.19% of the 2025 federal poverty level. Testimony.

## **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).

### 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 [REDACTED] 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).

## 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] 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 [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).

Here, the Appellant has not established that she would be categorically eligible for a type of MassHealth benefit other than CarePlus for adults aged [REDACTED]. To be financially eligible for MassHealth CarePlus, an individual's modified adjusted gross income 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 did not dispute that her income was \$1,051/week, which equals 344.19% of the 2025 federal poverty level. This is too high to qualify for CarePlus. 130 CMR 505.008(A)(2)(c). If the Appellant's unemployment benefits end and her income changes, she can reapply for MassHealth. Because, due to her current income, the Appellant is not financially eligible for CarePlus, the appeal must be denied.

## 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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

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