

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510107
Decision Date:	9/29/2025	Hearing Date:	07/28/2025
Hearing Officer:	Stanley Kallianidis	Aid Pending:	No

Appellant Representative:

Pro Se

MassHealth Representative:

Liz Nickoson



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Income
Decision Date:	9/29/2025	Hearing Date:	07/28/2025
MassHealth Rep.:	Liz Nickoson	Appellant Rep.:	Pro Se
Hearing Location:	Taunton		

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 6, 2025, MassHealth planned to stop the appellant's MassHealth CarePlus on June 20, 2025 due to excess income (Exhibit 1). The appellant filed this appeal in a timely manner on July 7, 2025 (see 130 CMR 610.015(B) and Exhibit 2). The termination of assistance is valid grounds for appeal (see 130 CMR 610.032). Notice of the hearing was sent to the parties on July 15, 2025 (Exhibit 3). Because the appellant appealed after the closing date, she was not entitled to a continuation of her benefits pending the outcome of the hearing (Exhibit 4).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth CarePlus benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant was ineligible for MassHealth CarePlus benefits?

Summary of Evidence

The MassHealth representative testified that appellant is a household of one person over [REDACTED] years of age. She had her MassHealth CarePlus benefits terminated on June 20, 2025 due to income being over the program limits. She is eligible for the Health Safety Net and Connector Care insurance due to these programs having higher income limits.

The MassHealth representative stated that the appellant has earnings of \$2,776.00 monthly based upon her submitted pay stubs. The appellant's earnings put her at 207% of federal poverty level, making her ineligible for MassHealth which is 133% of the federal poverty level for adults. The Health Safety Net and Connector Care income limits are each 300% of the federal poverty level. There were no allowable income deductions other than the 5% standard deduction. The MassHealth representative also testified that she was not certain if the member had enrolled in the Connector or not (Exhibit 1).

The appellant did not dispute the income that MassHealth attributed to her household. She testified that she does not want to enroll in the Connector because she does not want to change medical providers. She explained that she has upcoming surgery and does not know if her doctors accept Connector insurance.

Findings of Fact

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

1. The appellant is a household of one person and is over [REDACTED] years of age (testimony).
2. The appellant has earnings of \$2,776.00 monthly based upon her submitted pay stubs (testimony).
3. The appellant had her MassHealth CarePlus benefits terminated (Exhibit 1).
4. The appellant is eligible for the Health Safety Net and Connector Care insurance (Exhibit 1 & testimony).
5. There were no allowable income deductions other than the 5% standard deduction (testimony).

Analysis and Conclusions of Law

The following are MassHealth coverage types as outlined at 130 CMR 505.001:

- (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.

I have found that the appellant is a household of one, between the ages of [REDACTED]. The income limits for non-disabled adults [REDACTED] years of age or older is 133% of the federal poverty level (\$1,735.00) under MassHealth Standard and under MassHealth CarePlus (130 CMR 505.002 & 505.008).

Pursuant to 130 CMR 506.007, the MassHealth agency constructs a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage.

The appellant's modified adjusted gross income (MAGI) is determined by taking the countable income less deductions described in 130 CMR 506.003(D) (see 130 CMR 506.007).

(D) Deductions. The following are allowable deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;

- (4) moving expenses;
- (5) 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

I have found further that appellant has MAGI totaling \$2,776.00 as there were no allowable deductions.

506.007: Calculation of Financial Eligibility (A)(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.

Applying the 5% standard deduction leaves the appellant with countable income of \$2,711.00.

Since the appellant's monthly income of \$2,711.00 was greater than the income limit for \$1,735.00 MassHealth, MassHealth was correct in determining that the appellant is no longer eligible for CarePlus. However, she is eligible for Connector Insurance and may enroll in this program based on her current income.

The appeal is therefore 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

Taunton MEC