

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510316
Decision Date:	11/5/2025	Hearing Date:	09/11/2025
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:



Appellant;
Friend

Appearance for MassHealth:

Lashaun Kelley, 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:	Eligibility; Under 65; Income
Decision Date:	11/5/2025	Hearing Date:	09/11/2025
MassHealth's Rep.:	Lashaun Kelley	Appellant's Rep.:	<i>Pro se</i> ; Friend
Hearing Location:	Quincy Harbor South (In-Person)	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 6/20/25, MassHealth informed Appellant that he no longer qualified for MassHealth benefits because his income exceeded the program limit, and on this basis, his CarePlus coverage would terminate effective 7/31/25. *See* 130 CMR §§ 506.007(B), 502.003; Exh. 1. Appellant filed a timely request for an appeal on 8/11/25. *See* Exh. 2. A hearing on the matter was initially scheduled for 8/11/25. *See* Exh. 3. On 8/8/25, Appellant requested a continuance due to a preexisting conflict. *See* Exh. 5. The Board of Hearings granted the request and rescheduled the hearing for 9/11/25. *See* Exh. 6. The denial or termination of assistance constitutes valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth determined that Appellant did not qualify for MassHealth coverage because his income exceeded the program limit, and on this basis, sought to terminate his CarePlus benefit effective 7/31/25.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR §§ 506.007(B), 502.003, in determining that Appellant no longer qualified for MassHealth benefits because his income exceeded the program limit, and, on this basis, whether it correctly sought to terminate his CarePlus benefit effective 7/31/25.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified as follows: Appellant is between the ages of 21 and 64, resides in a household size of one (1), and does not have a verified disability status on file. Appellant has been receiving MassHealth CarePlus benefits since 2014. To qualify for MassHealth benefits, an individual must not have income that exceeds 133% of the federal poverty level (FPL). For a household size of one, this amounts to a gross income limit of \$1,735 per month. On 6/11/25, Appellant submitted a completed job update form to MassHealth which included recent paystubs showing that he earned a gross monthly average income of \$3,293 per month. For a household size of one, this places him at 247% of the FPL. After processing the updates, MassHealth issued a notice dated 6/20/25, informing Appellant that he no longer qualified for MassHealth benefits due to having income that exceeded the program limit, and, on this basis, his CarePlus coverage would terminate effective 7/31/25. *See* Exh. 1. Because Appellant filed a timely appeal, an administrative protection was applied to his case which will keep his benefit from terminating through the pendency of this appeal.

The MassHealth representative testified that because Appellant previously declared having a potential disability, MassHealth mailed him an adult disability supplement. Once Appellant completes and sends the supplement to MassHealth's Disability Evaluation Services (DES) unit, DES will determine whether Appellant is disabled as defined under federal and state law. If so, Appellant would be eligible for MassHealth CommonHealth – a benefit intended for individuals who have a verified disability but do not otherwise qualify for benefits on the basis of income.

Appellant and his friend/advocate appeared at the hearing and argued that they opposed MassHealth eligibility determination. Although Appellant acknowledged that MassHealth had the correct income on file, he contended that the decision did not accurately reflect his true financial situation. Appellant pointed to the fact that MassHealth counted his gross income to determine eligibility rather than his actual take-home pay. Appellant argued that his disposable income is substantially reduced after accounting for taxes and necessary living cost of living expenses, including rent and groceries, which, he noted, are particularly high for this state. Appellant also testified that he has ongoing medical conditions that require continuous medical care and, without MassHealth, will result in significantly high medical costs. These factors, he argued, limit his ability to pay for private health insurance and his eligibility should be reassessed in light thereof.

In advance of the hearing, Appellant also submitted six bi-weekly paystubs reflecting income received between 6/2/25 through 8/29/25. The MassHealth representative testified that the new paystubs did not affect the eligibility determination, but rather, increased Appellant's monthly income to an average of \$3,709.90. The MassHealth representative testified that while MassHealth does account for deductions which are permitted under federal law, none of the expenses raised by Appellant can be used to decrease his countable income for purposes of determining MassHealth eligibility.

Findings of Fact

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

1. Appellant is an adult under the age of 65, resides in a household size of one, and does not have a verified disability on file.
2. On 6/20/25, MassHealth processed Appellant's job update form and recent paystubs which showed that Appellant received a total gross income of \$3,293 per month, placing him at 247% of the FPL.
3. Through a letter dated 6/20/25, MassHealth notified Appellant that he did not qualify for MassHealth benefits because his income exceeded the program limit, and on this basis, MassHealth sought to terminate his CarePlus benefit effective 7/31/25.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant no longer qualified for MassHealth benefits because his income exceeded the program limit. 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. See 130 CMR 501.003(A). The available coverage types offered under the MassHealth program are listed as follows:

(1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);

(2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

¹ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

(3) 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) Small Business Employee Premium Assistance for adults or young adults

(6) 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

(7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

See 130 CMR 505.001(A)

To qualify for benefits, an individual must meet both categorical *and* financial requirements for the applicable coverage type listed above. As of the hearing date, there was no evidence that Appellant had a verified disability or other special circumstance to be categorically eligible for Standard or CommonHealth. As Appellant is ineligible for Standard and is between the ages of 21-64, he is categorically eligible for CarePlus.² To be *financially* eligible for CarePlus, an individual must have a modified adjusted gross income (MAGI) that does not exceed 133% of the federal poverty level (FPL). See 130 CMR 505.008(A)(2)(c). For a household of one, this amounts to a MAGI limit of \$1,735 per month. See *2025 MassHealth Income Standards & Federal Poverty Guidelines*. Countable household income includes both earned and unearned income, as described in 130 CMR 506.003(A)-(B), less deductions described in 130 CMR 506.003(D). See 130 CMR 506.003. Countable earned income “is the total amount of taxable compensation received for work or services performed less pretax deductions... [and] may include wages, salaries, tips, commissions, and bonuses.” See 130 CMR 506.003(A).

The evidence indicates that Appellant receives an average gross earned income of \$3,293 per month. For a household size of one, this places him at 247%³ of the FPL and therefore exceeds the regulatory income limit to qualify for MassHealth. Although Appellant presents equitable and sympathetic arguments regarding his cost of living, tax deductions, and ongoing medical needs, these factors are not considered when determining MAGI-based eligibility, nor do they fall within any of the allowable deductions specified under 130 CMR 506.003(D).⁴ Because Appellant’s income

² There is no evidence that Appellant is categorically eligible for any of the other coverage types listed in 130 CMR 505.001(A), above.

³ This figure is inclusive of the 5% disregard that MassHealth automatically deducts when determining the household MAGI for an applicant or member under 130 CMR 506.007(A)(3).

⁴ Examples of the listed deductions include educator expenses, health savings account, alimony, student loan

exceeds the 133% FPL limit and there is no verified disability or other qualifying basis on file, he does not qualify for MassHealth benefits at this time. Appellant has not met his burden of proof in demonstrating that MassHealth's 6/20/25 eligibility determination was incorrect.

For these reasons, this appeal is DENIED.

Order for MassHealth

Rescind 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.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

interest, individual retirement account, scholarships and awards, among other sources. See 130 CMR 506.003(D).