

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511109
Decision Date:	10/17/2025	Hearing Date:	09/05/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Carmen Rivera, Quincy

Interpreter: 



*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
Decision Date:	10/17/2025	Hearing Date:	09/05/2025
MassHealth’s Rep.:	Carmen Rivera	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South - Telephonic		

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 7/22/25, MassHealth notified the appellant that she is eligible for Health Safety Net (HSN) as of 6/30/25 because MassHealth determined that her income is too high for MassHealth CarePlus benefits. (130 CMR 506.007 and Exhibit 1). The appellant filed this appeal in a timely manner on 7/29/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is a valid ground for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant was over the income for MassHealth CarePlus benefits and eligible for HSN as of 6/30/25.

Issues

The issue is whether MassHealth was correct, pursuant to 130 CMR 506.001 *et seq.*, in determining that the appellant was over the income limit for MassHealth CarePlus.

Summary of Evidence

The appellant is under the age of 65. The MassHealth representative testified that on 6/26/25, MassHealth administratively closed the appellant's case due to her failure to return the "job update" form. The MassHealth representative testified that on 7/10/25, the appellant updated her income over the phone and was determined eligible for HSN with a household size of 2 and an income at 158.67% of the federal poverty level (FPL).¹ The MassHealth representative testified that on 7/21/25, the appellant removed her daughter from her household, which changed the household income to 244.24% of the FPL. The MassHealth representative testified that on 7/22/25, MassHealth issued an eligibility determination stating the appellant was eligible for HSN beginning 6/30/25. The appellant reported her income as \$1,331.21 bi-weekly, which is \$34,611.46 annually. The MassHealth representative testified that the income limit for MassHealth is 133% of the FPL, \$20,814.50 annually.

Findings of Fact

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

1. The appellant is under the age of 65.
2. On 6/26/25, MassHealth administratively closed the appellant's case due to her failure to return the "job update" form.
3. On 7/10/25, the appellant updated her income over the phone and was determined eligible for HSN, with a household size of 2 and an income at 158.67% of the FPL.
4. On 7/21/25, the appellant removed her daughter from her household, which changed the household income to 244.24% of the FPL.
5. On 7/22/25, MassHealth issued an eligibility determination stating the appellant was eligible for HSN beginning 6/30/25.
6. The appellant reported her income as \$1,331.21 bi-weekly, which is \$34,611.46 annually.
7. The income limit for MassHealth is 133% of the FPL, \$20,814.50 annually.

Analysis and Conclusions of Law

¹ Appellant's income of \$1331.21 bi-weekly and appellant's daughter's income of \$40.00 bi-weekly.

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. 130 CMR 505.001 lists the different MassHealth coverage types.

(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 old 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.

(emphasis added)

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000. The financial eligibility for various MassHealth coverage types is determined by comparing the family group's monthly gross income with the applicable income standards for the specific coverage. (130 CMR 506.007(A)). The income limit for MassHealth CarePlus is less than or equal to 133% of the FPL. (130 CMR 505.008 (A)(2)(c)). The appellant is in a household of 1, and has a gross annual income of \$34,611.46, which is 244.24% of the 2025 FPL. As such, the appellant is over the income limit for MassHealth CarePlus. MassHealth's decision was correct.

This 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.

Christine Therrien
Hearing Officer
Board of Hearings

Cc: MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator