

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



|                         |                |                       |            |
|-------------------------|----------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied         | <b>Appeal Number:</b> | 2511157    |
| <b>Decision Date:</b>   | 10/10/2025     | <b>Hearing Date:</b>  | 09/03/2025 |
| <b>Hearing Officer:</b> | Marc Tonaszuck |                       |            |

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Anastasia Agnos



*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<br>– Under 65 - Income |
| <b>Decision Date:</b>     | 10/10/2025                                     | <b>Hearing Date:</b>     | 09/03/2025                                   |
| <b>MassHealth's Rep.:</b> | Anastasia Agnos                                | <b>Appellant's Rep.:</b> | Pro se                                       |
| <b>Hearing Location:</b>  | Springfield<br>MassHealth<br>Enrollment Center | <b>Aid Pending:</b>      | 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 07/01/2025, MassHealth informed the appellant that it planned to terminate her MassHealth benefits on 07/31/2025 because she has more countable income than MassHealth benefits allow. MassHealth informed the appellant that she was eligible for Health Safety Net and a Health Connector Plan (see 130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). The appellant filed this appeal in a timely manner on 07/29/2025 and she continues to receive benefits pending the outcome of this appeal (see 130 CMR 610.015(B) and Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth plans to terminate the appellant's MassHealth benefits because her income exceeds the program limits.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits because her income exceeds the program limits.

## **Summary of Evidence**

Exhibits 1-3 were admitted into evidence. The appellant appeared at the fair hearing telephonically, as did the MassHealth representative.

The MassHealth representative testified that the appellant is under 65 years of age, and she lives in the community. The appellant was previously determined to be eligible for MassHealth benefits, having been determined to be financially eligible with her countable income being below 133% of the federal poverty level for a household of 1 person.

The MassHealth representative testified on 07/01/2025, a completed eligibility review was received by MassHealth. According to the information provided by the appellant, she is a household of one person with countable monthly income of \$4,583.00, which is equal to 346% of the federal poverty level (FPL). There was no assertion from the appellant at that time that she was disabled, pregnant, HIV positive or diagnosed with breast or cervical cancer (categorical requirements).

In order to be eligible for a MassHealth benefit as someone who does not meet the categorical requirements, an applicant must have countable monthly income less than 133% of the FPL, which is \$1,735.00 per month for a household of 1 person. The appellant's income exceeds 133% of the federal poverty level. The 07/01/2025 MassHealth termination notice was generated and issued based on the above information and determinations.

The MassHealth representative testified that the appellant called MassHealth on 07/25/2025 to assert a potential disability. A disability supplement (application) was sent to the appellant. The representative testified that an applicant can be deemed disabled by Social Security or by MassHealth. There is no information that the appellant is receiving Social Security benefits. If the appellant is determined to be disabled by MassHealth, her eligibility will be redetermined. As of the date of the hearing, there was no decision by MassHealth on the alleged disability.

The appellant appeared at the fair hearing and testified that she received the application from MassHealth on 08/01/2025. She testified that she suffers from chronic back pain and she needs MassHealth benefits.

## **Findings of Fact**

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

1. Appellant is under 65 years of age and she lives in the community. For the purposes of

MassHealth eligibility, the appellant is counted as a household of 1 person (Testimony).

2. Appellant's gross monthly income is \$4,583.00 per month (Testimony).
3. As of the date of this fair hearing, the appellant has not been determined to be disabled by Social Security or by MassHealth.
4. 133% of the federal poverty level for a household of 1 is \$1,735.00 as of 03/2025.
5. On 07/01/2025, MassHealth informed the appellant that it decided she was no longer eligible for MassHealth benefits because she has more countable income than MassHealth benefits allow (Exhibit 1; Testimony).
6. Through the 07/01/2025 notice, MassHealth informed the appellant that it planned to terminate her MassHealth benefits on 07/31/2025. MassHealth informed the appellant that she is eligible for Health Safety Net and a Health Connector plan (Exhibit 1; Testimony).
7. The appellant filed this appeal in a timely manner on 07/29/2025 (Exhibit 2).
8. The appellant continues to receive MassHealth benefits pending the outcome of this appeal.
9. A fair hearing was held on 09/03/2025. All parties appeared telephonically (Exhibit 3).

## **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

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.

Regulations at 130 CMR 505.008 address MassHealth CarePlus, as follows:

(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 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 21 through 64 years old.

(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.

***(Emphasis added.)***

MassHealth determined that the appellant is no longer eligible for MassHealth benefits because her income exceeds the guidelines for that benefit. MassHealth determined that the appellant's gross monthly income is \$4,583.00. In order to be income-eligible for MassHealth CarePlus benefits, the appellant's gross monthly income cannot be more than 133% of the FPL, or \$1,735.00. The appellant did not dispute her income. Therefore, MassHealth's determination that the appellant is a member of a household of 1, with gross monthly income of \$1,735.00 is accurate. Because Appellant's income exceeds 133% of the FPL, she is not eligible for MassHealth benefits. Accordingly, she has presented no information to show MassHealth's decision to terminate her benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is therefore denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Health Connector questions can be addressed by calling 1-877-623-6765. Additionally, if the appellant's income or household size changes, he should contact MassHealth for a new determination of benefits.

## Order for MassHealth

Release 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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104