

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511190
Decision Date:	12/05/2025	Hearing Date:	10/31/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:



Appearance for MassHealth:

Lashaun Kelley – Quincy 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

Appeal Decision:	Denied	Issue:	Community Eligibility – under 65; Income
Decision Date:	12/05/2025	Hearing Date:	10/31/2025
MassHealth’s Rep.:	Lashaun Kelley	Appellant’s Rep.:	██████
Hearing Location:	Telephonic	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 July 22, 2025, MassHealth downgraded the appellant's coverage from MassHealth CarePlus benefits to Health Safety Net with ConnectorCare eligibility. (Exhibit 1; 130 CMR 505.000; 506.001-.004.) The appellant filed this appeal in a timely manner on July 30, 2025, and her benefits are protected pending the outcome of this appeal.¹ (Exhibit 2; 130 CMR 610.015(B); 610.035.). Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth determined that the appellant’s CarePlus benefits should end as of August 31, 2025, because her household income is too high to qualify for MassHealth coverage.

¹ The Board of Hearings initially dismissed this appeal because the hearing request did not include a phone number for the appellant. A second hearing request was submitted on August 20, 2025. A hearing was scheduled for September 24, 2025, but the appellant was scheduled for surgery on that day, and she requested that the hearing be rescheduled. Good cause was found, and the hearing was rescheduled. (Exhibits 5 – 7.)

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.005 and 506.001-.004, in calculating the appellant's household income and determining that she is ineligible for CarePlus coverage.

Summary of Evidence

MassHealth's representative testified that on July 22, 2025, MassHealth recalculated the appellant's eligibility based upon a household size of 1 and gross monthly income equivalent to 211% of the federal poverty level. MassHealth's representative testified that an individual must have income below \$1,735 per month in order to be eligible for CarePlus benefits. MassHealth's representative testified that MassHealth has verified income for the appellant of \$1,300 every 2 weeks.

The appellant misheard MassHealth's representative's testimony and thought MassHealth had income on file of over \$3,000 every 2 weeks. The appellant pulled up a paystub and confirmed that her gross bi-weekly income was \$1,300. The appellant is a young adult, who supports her entire household on her own. The appellant testified that she was the only one who worked, but that she cannot claim anyone else as a tax dependent. After she pays her monthly bills, the appellant said there is no money left over to pay a health insurance premium, even with subsidies from the Health Connector. The appellant was upset with the explained process for purchasing health insurance and felt that the system was very unfair and nonsensical.

The appellant was informed that if her tax-filing household changed or if she found pre-tax deductions, she could report changes to MassHealth to have her eligibility redetermined. Otherwise, questions regarding affordability of Health Connector insurance need to be addressed to the Health Connector.

Findings of Fact

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

- 1) The appellant is over the age of 20. (Exhibit 8.)
- 2) The appellant has a household of 1, and she earns bi-weekly gross income of \$1,300. (Testimony by MassHealth's representative; testimony by the appellant.)
- 3) On July 22, 2025, MassHealth issued a notice terminating the appellant's CarePlus coverage effective August 31, 2025. (Exhibit 1.)

- 4) The appellant timely appealed, and her coverage is protected pending the outcome of this appeal. (Exhibit 2; Exhibit 4.)

Analysis and Conclusions of Law

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below the relevant financial thresholds. Financial eligibility is "determined by comparing the sum of all countable income ... for the individual's household ... with the applicable income standard for the specific coverage type." (130 CMR 505.007(A).) Generally, applicants between the ages of 20 and 65 who seek MassHealth Standard or CarePlus benefits must have countable income under 133% of the federal poverty level. (130 CMR 505.002(E), 505.008(A).) Disabled adults between the ages of 19 and 64 can qualify for the CommonHealth program, regardless of their income by paying a monthly premium. (See 130 CMR 505.004(B)-(C), 506.009.) Children younger than 19 are eligible for Standard coverage up to 150% of the federal poverty level and Family Assistance with income between 150% and 300% of the federal poverty level. (130 CMR 505.002(B)505.005(B).)

For individuals under the age of 65, countable income includes the total amount of taxable income received by everyone in a member's household "after allowable deductions on the U.S Individual Tax Return," and specifically includes "social security benefits." (130 CMR 506.003(B); see also 130 CMR 506.002.) Monthly income is derived by multiplying average weekly income by 4.333, and "[f]ive 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." (130 CMR 506.007(A).)

The federal poverty level for an individual in 2025 is \$1,305 per month. The appellant's weekly income would be \$650; multiplied by 4.333, this equates to monthly income of \$2,816.45. The resulting federal poverty level is 215.82% or 210.82% once 5% is disregarded. Because the appellant's income is over 133% of the federal poverty level, MassHealth was correct that she is ineligible for MassHealth. Therefore, this appeal is DENIED.

Order for MassHealth

Remove 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.

Christopher Jones
Hearing Officer
Board of Hearings

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