

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511759
Decision Date:	10/28/2025	Hearing Date:	9/9/2025
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherri Paiva, Taunton 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:	10/28/2025	Hearing Date:	9/9/2025
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	Pro se
Hearing Location:	Taunton (remote)	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

By notice dated July 24, 2025, MassHealth notified Appellant that her and her child's MassHealth Standard benefit would terminate on August 7, 2025 for failure to renew. Exhibit 1. Appellant filed requests for hearing in a timely manner on August 11, 2025. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth notified Appellant that her and her child's MassHealth Standard benefit would terminate on August 7, 2025 for failure to renew

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's MassHealth Standard.

Summary of Evidence

The MassHealth representative appeared by phone and testified as follows. Appellant had received MassHealth Standard through the Massachusetts Department of Transitional Assistance (DTA). In 2023, Appellant was transitioned out of other DTA programs but remained active on MassHealth while being transitioned into MassHealth's system. On May 21, 2025, MassHealth sent Appellant a notice that she would have to complete a renewal. On July 24, 2025, MassHealth notified Appellant that it would terminate MassHealth Standard for her and her child on August 7, 2025 for failure to submit the renewal, citing 130 CMR 502.007(A).

Appellant testified that she tried to complete the renewal online but received an error message saying that there was already an active application in the system. The MassHealth representative confirmed that the system reflected that on June 29, 2025, a new account was created online. However, the system will not allow for duplicate cases for the same individual, which may explain the error message Appellant received.

On August 4, 2025, Appellant called MassHealth and completed the renewal by phone. At the time, Appellant's income was reported to be \$1,400 biweekly from employment and \$650 weekly for paid family leave. MassHealth's system generated a notice to Appellant dated August 4, 2025 approving Appellant for Health Safety Net but denying coverage. Exhibit 4. Based on the income reported, Appellant's income for a household of 2 was calculated to be 167.13% of the federal poverty level (FPL). *Id.* at 3.

Appellant confirmed that she had received paid medical leave for 12 weeks and returned to work on August 5, 2025. She works part-time and is a single parent. Appellant has not been able to get her medications since her coverage terminated. Appellant expressed concern that she cannot afford a Health Connector insurance plan because it would cost her \$650 per month for health, dental, and vision. Appellant testified that her most recent paycheck was \$1,300 gross for 64 hours in a two-week period.

The MassHealth representative recalculated Appellant's income to reflect the projected annual income for her employment and paid medical leave. MassHealth estimated that the projected annual income was \$33,804 annually and \$2,817 monthly. Based on this, Appellant's household is 154.84% of the FPL. Appellant's child was eligible for Family Assistance. Appellant remained eligible for a Health Connector plan.

Findings of Fact

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

1. Appellant is in a household of two and under the age of 65.
2. Appellant's gross income is \$2,817 monthly.
3. In 2025, 100% of the monthly FPL for a household of two is \$1,763; 133% of the FPL is \$2,345.
4. On July 24, 2025, MassHealth notified Appellant that her and her child's MassHealth Standard benefit would terminate on August 7, 2025 for failure to renew. Exhibit 1.
5. Appellant filed this timely appeal on August 11, 2025. Exhibit 2.
6. On August 4, 2025, MassHealth notified Appellant that she was approved for Health Safety Net but not eligible for MassHealth benefits.
7. At hearing, MassHealth determined Appellant's child is eligible for Family Assistance.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (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 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 – for certain Medicare beneficiaries.

130 CMR 505.001(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. MassHealth determines financial eligibility based on an applicant's modified adjusted gross income. MassHealth takes the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) and subtracts deductions described in 130 CMR 506.003(D). 130 CMR 506.007. Per 130 CMR 506.003, the regulatory definitions of earned income, unearned income and deductions are as follows:

(A) Earned Income.

- (1) Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.
- (2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.
- (3) Earned income from S-Corporations or Partnerships is the total amount of taxable annual profit (or loss) after deducting business expenses listed or allowable on a U.S. Individual Tax Return.
- (4) Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination.

(B) Unearned Income.

- (1) Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return.
- (2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

(C) Rental Income. Rental income is the total amount of taxable income less any deductions listed or allowable on an applicant's or member's U.S. Individual Tax Return.

(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half 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.

An adult under the age of 65 is eligible for MassHealth Standard as a parent if their income at or below 133% of the FPL. 130 CMR 505.008(C)(1)(a). Children who meet criteria are eligible for MassHealth Family Assistance if the household income is between 150% and 300% of the FPL. 130 CMR 505.005(B). MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c).

Here, Appellant's monthly gross income is \$2,817. This is higher than the 133% limit to qualify for MassHealth Standard. Appellant's income is too high for Appellant to be eligible for a MassHealth benefit. Accordingly, this appeal is denied. Appellant is eligible for a Health Connector plan. Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616