

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2511914
<b>Decision Date:</b>	10/21/2025	<b>Hearing Date:</b>	9/18/2025
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Joseph Barbuzzi, Charlestown 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community eligibility, under 65, income
<b>Decision Date:</b>	10/21/2025	<b>Hearing Date:</b>	9/18/2025
<b>MassHealth's Rep.:</b>	Joseph Barbuzzi	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown (remote)	<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

By notice dated July 13, 2025, MassHealth notified Appellant that the CarePlus benefit would end effective July 27, 2025. Exhibit 1. Appellant filed this appeal in a timely manner on July 30, 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 the CarePlus benefit would end effective July 27, 2025.

### Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's benefit prior to July 31, 2025.

### Summary of Evidence

The MassHealth representative appeared by phone and testified as follows. Appellant is under the age of 65 and is in a household of one. Appellant was determined eligible for MassHealth CarePlus benefit on February 18, 2025. On May 16, 2025, MassHealth received a report that Appellant's income was higher than in MassHealth's system. On June 12, 2025, MassHealth notified Appellant that she would be required to update her income by July 12, 2025. On July 13, 2025, MassHealth notified Appellant that the CarePlus benefit would end effective July 27, 2025 because her income is too high. Exhibit 1. MassHealth sent each notice to Appellant's address on file, which was verified at hearing by Appellant.

Appellant testified that she never received the July 13, 2025 notice and was not aware that her MassHealth benefit had ended until she tried to get medications from the pharmacy. Appellant was only able to find the July 13, 2025 notice online after she was alerted to the issue. Appellant underwent a procedure on July 29, 2025 without knowing that her benefit had lapsed. Appellant received a bill for this procedure.

Appellant lost her job in February 2025 and had zero income until applying for unemployment benefits in late April or early May 2025. Appellant testified that she received her first unemployment check in mid-May 2025. Appellant testified that she received approximately \$900 per week from unemployment. Appellant updated her income online when she received the June 12, 2025 notice from MassHealth. Appellant testified that she believed she would have been able to keep her MassHealth benefit through the end of July 2025. Appellant made this assumption based on her past experience with Medicaid in other states. Appellant requested that her coverage termination date be adjusted to July 29, 2025 or July 31, 2025 to cover the procedure.

Appellant asked what the limit for coverage would be. The MassHealth representative testified that to qualify for CarePlus, an individual would have to have monthly income at or below 133% of the federal poverty level (FPL). For a household of one, the monthly income could not exceed \$1,735 monthly or \$20,820 annually. Appellant expressed shock and argued that no one could live with income so low. Appellant can barely afford her expenses on the unemployment benefits she receives.

The MassHealth representative testified that the system reflects that Appellant is eligible for an unsubsidized Health Connector plan. Though Appellant is not scheduled to submit a renewal until October, she should complete a renewal by phone to see if she is eligible for a subsidized Health Connector plan. Appellant may also update her income if her unemployment benefits end.

## **Findings of Fact**

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

1. Appellant is in a household of one and under the age of 65.
2. Appellant receives approximately \$900 per week in unemployment benefits.
3. In 2025, the monthly FPL for a household of one is \$1,304; 133% of the FPL is \$1,735.00.
4. On July 13, 2025, MassHealth notified Appellant that the CarePlus coverage would end on July 27, 2025. Exhibit 1.
5. Appellant filed this timely appeal on July 30, 2025. Exhibit 2.

## **Analysis and Conclusions of Law**

### *Eligibility*

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 64 is eligible for MassHealth's CarePlus benefit if their income at or below 133% of the FPL. 130 CMR 505.008(A)(2)(c). MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c).

Here, Appellant's weekly income of \$900 multiplied by 4.333 yields monthly income of \$3,899.70. This is higher than the 133% limit to qualify for MassHealth CarePlus. Accordingly, Appellant's income is too high for Appellant to be eligible for a MassHealth benefit.

### *Termination*

MassHealth may initiate information matches with other agencies and information sources when an application is received, at annual renewal, and periodically, in order to update or verify eligibility. 130 CMR 502.004. "If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual." 130 CMR 502.003(B).

It is the responsibility of the applicant or member to "cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." 130 CMR 501.010(A). "The applicant or member must report to the MassHealth agency, within 10 days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability." 130 CMR 501.010(B).

MassHealth reviews enrolled members' continued eligibility through automatic renewals, prepopulated renewal applications, and periodic data matches. 130 CMR 502.007. MassHealth's process for reviewing continuing eligibility through periodic data matches is as follows:

(3) Periodic Data Matches. The MassHealth agency matches files of MassHealth members with other agencies and information sources as described in 130 CMR 502.004 to update or verify eligibility.

(a) **If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, the MassHealth agency will notify the member of the information that was received through the data match and require the member to respond within 30 days of the date of the notice.**

1. **If the member responds within 30 days and confirms the data is correct, eligibility will be determined using the confirmed data from the electronic data match.**

2. If the member responds within 30 days and provides new information, eligibility will be determined using the information provided by the member. Additional verification from the member will be required.

3. If the member does not respond within 30 days, eligibility will be determined using available information received from the electronic data sources. If information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated.

(b) If the electronic data match indicates a change in circumstances that would result in an increase or no change in benefits, the MassHealth agency will automatically update the case using the information received from the electronic data match and redetermine eligibility. If the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing them of the start date for the new benefit. The effective date of the more comprehensive benefit is determined in accordance with 130 CMR 502.006(A).

130 CMR 502.007(C)(3) (emphasis added).

Under 130 CMR 502.006(D), "MassHealth benefits terminate or downgrade no sooner than 14 days from the date of termination or downgrade notice unless the MassHealth member timely files an appeal and requests continued MassHealth benefits pending such appeal or reinstatement of benefits as described at 130 CMR 610.036: *Continuation of Benefits Pending Appeal*." Before taking appealable action, MassHealth must send a written timely notice to the member at least ten days in advance of the action. 130 CMR 610.015(A).

Here, under 130 CMR 501.010(B), it was Appellant's obligation to report her change of income within 10 days of when she began receiving unemployment benefits. Pursuant to 130 CMR 502.007(C)(3)(a), MassHealth notified Appellant on June 12, 2025 that she must verify her income by July 12, 2025. As the income Appellant verified matched what MassHealth received in the system, MassHealth correctly determined eligibility based on the records from the unemployment agency and mailed a written notice ten days in advance of the action to the correct address in accordance with 130 CMR 610.015(A). Pursuant to 130 CMR 502.006(D), MassHealth did not err in terminating Appellant's benefit on July 27, 2025, 14 days after sending July 13, 2025 termination notice to Appellant's correct address. Though Appellant testified that she did not receive the mailed notice, she retrieved it online and was able to appeal. The Board of Hearings received Appellant's appeal on July 30, 2025, after the implementation date of the appealable action and not within ten days of the mailing of the notice, and therefore Appellant was not entitled to the protection . 130 CMR 610.036(A).

Accordingly, this appeal is 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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

Cc:

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129