

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2512239
<b>Decision Date:</b>	10/1/2025	<b>Hearing Date:</b>	09/25/2025
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Katelyn Costello, Quincy MassHealth  
Enrollment Center



*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>	Under 65; Community Eligibility; Former Foster Care Individual
<b>Decision Date:</b>	10/1/2025	<b>Hearing Date:</b>	09/25/2025
<b>MassHealth's Rep.:</b>	Katelyn Costello	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephone (Quincy)	<b>Aid Pending:</b>	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 August 20, 2025, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant is over the income limit to qualify. *See* 130 CMR 505.002 and Exhibit 1. The appellant filed this appeal in a timely manner on August 20, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth correctly determined that the appellant no longer qualifies for MassHealth benefits beyond the Health Safety Net.

## Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of one. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. Both parties appeared at the hearing by telephone. The following is a summary of the testimony and evidence provided at the hearing.

Prior to May 21, 2025, the appellant received MassHealth Standard benefits as a former foster care individual. When she turned [REDACTED] MassHealth determined that [REDACTED] category requiring MassHealth to provide benefits for former foster care individuals through their [REDACTED] MassHealth further determined that the appellant was over the income limit to qualify for MassHealth CarePlus, and issued a notice on [REDACTED] 2025, to that effect. The notice at issue in this case generated on August 20, 2025, after the appellant's income was updated with MassHealth. The agency determined that the appellant earns \$1,000.00 on a bi-weekly basis, which is \$2,167.00 per month, or approximately 161.16% of the 2025 federal poverty level for a household of one.

The appellant agreed both with MassHealth's calculation of her income and the determination that she is over the income limit. She is not pregnant, and she does not have breast or cervical cancer, HIV, or a verified disability. She reported that she filed this appeal because she was unaware that she aged out of her MassHealth benefits, and that someone told her that she has the benefits for life.

## Findings of Fact

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

1. The appellant is an adult under the age of 65 who resides in a household of one. Testimony, Exhibit 4.
2. The appellant is a former foster care individual who turned [REDACTED] on [REDACTED] 2025. Testimony, Exhibit 4.
3. By notice dated May 21, 2025, MassHealth downgraded the appellant's MassHealth Standard benefits due to her [REDACTED] Testimony. On August 20, 2025, after an update to the appellant's income, MassHealth issued another notice further denying the appellant MassHealth benefits beyond the Health Safety Net due to an increase in that income. *Id.*
4. The appellant filed a timely request for fair hearing on August 20, 2025. Exhibit 2.
5. The appellant earns an average monthly income of \$2,167.00. Testimony.

6. The appellant does not have HIV or breast or cervical cancer, is not pregnant, and does not have a verified disability. Testimony.

## 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 particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility for individuals who are under age 65 are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) *MassHealth Standard* - for pregnant women, 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) *Family Assistance* - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) *Limited* - for certain lawfully present immigrants as described in 130 CMR 504.003(A), 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.

130 CMR 505.001(A) (emphasis added). An individual who “was in foster care...and enrolled in Medicaid coverage until their 18<sup>th</sup> birthday...receives MassHealth Standard coverage until...their 26<sup>th</sup> birthday if the individual is a citizen...” 130 CMR 505.002(H)(1)(a).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant is over the age of ■ but under 65, is not the caretaker of a minor child, and did not report any of the listed health conditions. Further, she is now over the age of ■. Thus, as she does not belong to a category to qualify for MassHealth Standard, she meets the categorical requirements for MassHealth CarePlus. The question then remains as to whether she meets the income requirements to qualify.

An individual between the ages of 21 and 64 who does not qualify for MassHealth Standard is eligible for MassHealth CarePlus if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” 130 CMR 505.008(A)(2). To determine financial eligibility pursuant to 130 CMR 506.007, MassHealth must construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

- (1) Taxpayers Not Claimed as a Tax Dependent on Their Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of
  - (a) the taxpayer; including their spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
  - (b) the taxpayer’s spouse, if living with them regardless of filing status;
  - (c) all persons the taxpayer expects to claim as tax dependents; and
  - (d) if any individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

Here, the appellant does not dispute that she resides in a household of one. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level equates to a monthly income of \$1,735.00 or \$20,820.00 for the year. See *chart* at <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

In this case, the appellant agrees with both MassHealth’s calculation of her income and its determination that she is over the income limit to qualify. Additionally, I was unable to find any regulation or MassHealth policy that supports her belief that she, as a former foster care individual, is entitled to receive MassHealth for life. As she is now over the age of [REDACTED] I find that MassHealth did not err in issuing the August 20, 2025, notice denying the appellant’s application for MassHealth benefits.

For the foregoing reasons, the appeal is denied.

The 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.

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Mariah Burns  
Hearing Officer  
Board of Hearings

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