

**Office of Medicaid
BOARD OF HEARINGS**

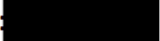
Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512468
Decision Date:	11/10/2025	Hearing Date:	09/24/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jennifer Duffy, Tewksbury MEC

Interpreter: 



*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:	Eligibility; Under 65; Income
Decision Date:	11/10/2025	Hearing Date:	09/24/2025
MassHealth's Rep.:	Jennifer Duffy	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, Remote	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 8/1/25, MassHealth informed Appellant that her MassHealth Standard benefit would end effective 8/31/25 because she no longer met the income requirements to qualify for the benefit. *See* 130 CMR 505.002; Exh. 1. Appellant filed this appeal in a timely manner on 8/25/25. *See* 130 CMR 610.015(B) and Exhibit 2. The denial or termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth sought to end Appellant's MassHealth Standard benefit because it determined her income exceeded the program limit.

Issue

The appeal issue is whether MassHealth correctly determined that Appellant's countable income exceeded the program limit, and, on this basis, sought to end her Standard benefit effective 8/31/25.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified as follows: Appellant is between the ages of 21 and 64 and is in a household size of three, including her spouse and child. Appellant does not have a verified disability on file. Appellant was previously receiving MassHealth Standard as part of her Department of Transitional Assistance (DTA) benefit. On 6/2/25, MassHealth issued a notice informing Appellant that because her DTA benefit was ending, she needed to complete a new MassHealth application so that her eligibility for MassHealth benefits could be redetermined. On 8/1/25, Appellant returned a completed MassHealth application, which included verification of the household's current income. The verification showed that Appellant was receiving an average monthly gross income of \$2,400 from her employment, and that her spouse was earning approximately \$2,000 per month from self-employment, for a total combined household gross income of \$4,400 per month. For a household size of three, this places Appellant at 187.11% of the federal poverty level (FPL) (inclusive of MassHealth's automatic 5% disregard). To be eligible for MassHealth Standard, an applicant or member must have a household modified adjusted gross income (MAGI) at or below 133% of the FPL. For 2025, the income for a household size of three at 133% of the FPL is \$2,954. As Appellant's verified household income exceeded this limit, MassHealth notified her, through a notice dated 8/1/25, that she no longer qualified for MassHealth coverage, and that her benefit would end on 8/31/25. *See* Exh. 1. By filing a timely appeal of the 8/1/25 notice, Appellant's Standard benefit remains protected throughout the pendency of this appeal. *See* Exh. 2.

Appellant testified that she, her husband, and child have continuously lived in Massachusetts and have been granted asylum status, which qualifies them as legally present immigrants eligible for MassHealth benefits. In support of her appeal, Appellant provided documentation verifying her family's approved asylum status and related immigration paperwork, as well as a copy of the household's 2024 federal tax return showing a gross annual income of \$41,313. *See* Exh. 2. Appellant did not dispute the household income, noting that the figures cited by MassHealth were accurate; however, she explained that her husband's self-employment status is new and that the volume of his work is inconsistent. Appellant asserted that she has been forthcoming with all requested documentation and expressed concern that her immigration status was not considered. Appellant also noted that MassHealth did not consider the family's cost of living expenses, which should be accounted for when determining eligibility for benefits.

MassHealth confirmed that it had sufficient verification of the Appellant's immigration status and clarified that the basis for the denial was due to income, not immigration. The MassHealth representative also explained that expenses such as rent, electricity and other household costs are not considered for eligibility determination purposes, unless they are deducted as part of the member's self-employment activity. As of the hearing date, MassHealth had not received verification of any such deductions that could be applied to reduce Appellant's countable household income; however, she noted that Appellant may submit this information at any time and MassHealth will redetermine the household's countable income and eligibility accordingly.

Findings of Fact

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

1. Appellant is between the ages of 21 and 64, resides in a household size of three, and has verified immigration status based on her asylum status.
2. On 8/1/25, while enrolled in Standard, Appellant sent MassHealth an application for continued MassHealth benefits, which included verification of the household's current income.
3. Appellant receives an average monthly income of \$2,400 from her employment, and her spouse receives approximately \$2,000 per month from self-employment, for a total combined household gross income of \$4,400 per month.
4. On 8/1/25, MassHealth notified Appellant that she did not qualify for MassHealth benefits because her income exceeded the program limit, and on this basis, her Standard coverage would end on 8/31/25.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant's gross household income exceeded the program limit to qualify for MassHealth benefits. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (1) 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 members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) 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) Small Business Employee Premium Assistance for adults or young adults
- (6) 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

(7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

See 130 CMR 505.001(A)

To establish eligibility for MassHealth benefits, applicants must meet both categorical and financial requirements. To be financially eligible for MassHealth Standard, individuals under the age of 65 must have a household income less than or equal to 133% of the federal poverty level (FPL). See 130 CMR 505.002. For a household size of three, that limit is \$2,954 per month. See *2025 MassHealth Income Standards & Federal Poverty Guidelines*. It is undisputed that Appellant earns an average approximate monthly income of \$2,400 per month and her husband receives approximately \$2,000 per month from self-employment for an average modified adjusted gross income (MAGI) of \$4,400 per month. Because Appellant's monthly household income exceeds the regulatory limit of 133% of the FPL, MassHealth appropriately determined that Appellant no longer qualified for MassHealth and notified her that her benefit would end on 8/31/25. Appellant did not meet her burden in proving that MassHealth erred in issuing its 8/1/25 notice.

For these reasons, this appeal is DENIED.

Order for MassHealth

Rescind 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.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957