

**Office of Medicaid
BOARD OF HEARINGS**

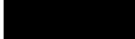
Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512986
Decision Date:	11/26/2025	Hearing Date:	10/09/2025
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Pro se, with Spouse

Appearance for MassHealth:
Sherianne Paiva, Taunton 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; Over income
Decision Date:	11/26/2025	Hearing Date:	10/09/2025
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	Pro se, with Spouse
Hearing Location:	Taunton MassHealth Enrollment Center Room 2 (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

Through a notice dated August 15, 2025, MassHealth notified the appellant that he is not eligible to receive MassHealth benefits because his income is too high and because of his immigration status. (Exhibit 1). The notice further stated that the appellant is eligible for Health Safety Net benefits, and he is eligible for a ConnectorCare plan through the Health Connector. *Id.* The appellant filed this appeal in a timely manner on or about August 30, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that he is not eligible to receive MassHealth benefits because his income is too high and because of his immigration status.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible to receive MassHealth benefits.

Summary of Evidence

The MassHealth representative at the hearing by telephone and testified as follows: the appellant is between the ages of 21 and 64, he is a joint tax-filer, and he currently lives in a household of 4 with his spouse and their 2 minor children. On August 15, 2025, MassHealth computer system automatically redetermined the appellant's household eligibility. The MassHealth representative explained that MassHealth had on file a predicted baby delivery due date of [REDACTED] 2025. Because the appellant's spouse was still pregnant on [REDACTED] 2025, which was past the predicted delivery due date, MassHealth's system automatically redetermined the appellant's household eligibility and reverted his household size back to a household of 3. The appellant's gross monthly income from employment is \$5,199.60 per month, which equates to 229.13% of the federal poverty level (FPL) for a household of 3. The MassHealth representative stated that on [REDACTED] 2025, the appellant contacted MassHealth to update his household size after his second child was born. MassHealth updated the appellant's household size and determined that currently, the appellant lives in a household of 4, and his income equates to 189.08% of the FPL. The appellant's spouse is active with MassHealth Standard coverage through her post-partum period. The appellant's newborn is eligible for MassHealth Standard coverage; his minor child has been receiving Family Assistance benefits since October 2024.

The appellant appeared at the hearing with his spouse and testified through an interpreter. He testified that he cannot afford a health insurance plan through the Health Connector because of rental expenses, in addition to having 2 young children. The appellant explained that his spouse does not work. (Exhibit 4, p. 1). The appellant's spouse asked if it was possible to receive a family plan from MassHealth so that her spouse (the appellant) can also receive MassHealth benefits. In response, the MassHealth representative explained that to qualify for MassHealth benefits, an applicant's gross monthly income cannot exceed 133% of the federal poverty level, or \$3,564 for a household of 4. She asked if the appellant's employer offers health insurance to its employees; the appellant stated that his employer does not offer health insurance. The MassHealth representative explained that the appellant's income and immigration status does not make him eligible to receive MassHealth benefits. As to the appellant's immigration status, the MassHealth representative explained that he is a Qualified Noncitizen Barred, which means that he has had legal permanent residency for less than 5 years. The appellant's spouse asked MassHealth to reconsider, given that the appellant is a family member who would like the opportunity to receive MassHealth coverage. She stated that the appellant's income remains unchanged, however, his household expenses have changed now that they have 2 children.

Findings of Fact

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

1. The appellant is a male adult who is between the ages of 21 and 64. He lives in a household of 4 with his spouse, their newborn, and their minor child.
2. The appellant's newborn was predicted to be born on [REDACTED] 2025.
3. On [REDACTED] 2025, MassHealth automatically determined the appellant's household eligibility. Because the appellant's second child was not born yet, MassHealth reverted the appellant's household size to 3.
4. The appellant's verified gross monthly income from employment is \$5,199.60, which equates to 229.13% of the FPL for a household of 3.
5. On [REDACTED] 2025, the appellant notified MassHealth that his household size changed because his second child was born. MassHealth updated the appellant's household size to 4. His gross monthly income equates to 189.08% of the FPL for a household of 4.
6. The appellant's current immigration status is a Qualified Noncitizen Barred.
7. The appellant is eligible for Health Safety Net benefits and is eligible for a ConnectorCare plan through the Health Connector.
8. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

The MassHealth regulations found at 130 CMR 505.000 *et. seq.* set forth 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 are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (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 who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (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.

(130 CMR 505.001(A)).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, as a Qualified Noncitizen Barred, the appellant meets the categorical requirements for MassHealth Limited benefits. The question then remains as to whether he meets the income requirements to qualify.

An applicant is financially eligible for MassHealth Limited benefits 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 505.006(B)(1)(c)(1)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing coverage. That regulation provides in relevant part as follows:

- (1) Taxpayers Not Claimed as a Tax Dependent on His or Her 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 his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
 - (b) the taxpayer’s spouse, if living with him or her regardless of filing status;

- (c) all persons the taxpayer expects to claim as tax dependents;
and
- (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

In the present case, the appellant does not dispute that he resides in a household of four.

130 CMR 506.007 describes how an applicant's modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

- (1) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.
- (2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.
- (3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is \$5,199.60¹ This amount exceeds 133% of the FPL for a household of 4, which is \$3,564. Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the regulations.

¹ In accordance with 130 CMR 506.003(A), countable income includes, in pertinent part, "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."

This appeal is denied.²

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

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

² 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.