

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2513839
Decision Date:	11/6/2025	Hearing Date:	10/24/2025
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Lorena Garcia, Tewksbury 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:	Eligibility; Under 65; Income
Decision Date:	11/6/2025	Hearing Date:	10/24/2025
MassHealth's Rep.:	Lorena Garcia	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

On 9/23/25, Appellant filed a timely appeal contesting two MassHealth notices. *See* Exh. 3. The first notice, issued on 9/16/25, informed Appellant that his CarePlus coverage would terminate effective 9/30/25 due to failure verify eligibility factors by the required deadline. *See* Exh. 130 CMR 502.007(C)(3); Exh. 1. The second notice, issued on 9/23/25, informed Appellant that he did not qualify for MassHealth benefits because his income exceeded the program limit. *See* 130 CMR §§ 506.007(B), 502.003; Exh. 2. Denial or termination of assistance constitutes valid grounds for appeal. *See* 130 CMR 610.032.

Actions Taken by MassHealth

MassHealth (1) terminated Appellant's CarePlus benefit on the basis that he failed to verify eligibility factors by the deadline; and (2) denied Appellant's application for benefits on the basis that his income exceeded the program limit.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR §§ 506.007(B),

502.003, in determining that Appellant no longer qualified for MassHealth benefits.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified as follows: Appellant is between the ages of 21 and 64 and resides in a household size of one. There is no verified disability status on file. On 8/12/25, MassHealth issued a job update form to Appellant requesting verification of income within 30 days. At the time, Appellant was receiving MassHealth CarePlus. When MassHealth did not receive the completed form by the deadline, it issued a notice, dated 9/16/25, informing Appellant that that his CarePlus benefits would end effective 9/30/25 for failure to respond to the request for information within the time allowed under 130 CMR 502/007(C)(3). *See* Exh. 1. System notes indicate that on 9/23/25, Appellant contacted MassHealth to provide updated income information. At that time, he reported a current gross income of \$920 per week, or approximately \$3,986.26 per month. To qualify for MassHealth CarePlus an individual in a household size of one must have income that does not exceed 133% of the federal poverty level (FPL), or \$1,735 per month. Because Appellant's reported income exceeds this limit, MassHealth issued a second notice, dated 9/23/25, informing him that he was not eligible for MassHealth benefits based on income. *See* Exh. 2. Appellant filed a timely appeal on 9/23/25, contesting both the 9/16/25 and 9/23/25 notices.¹

At the hearing, Appellant confirmed that the income reported to MassHealth was accurate; however, he testified that this amount is subject to change as he is unable to maintain consistent employment due to chronic health conditions including asthma, hypertension, and Crohn's disease. He testified that his medications cost approximately \$2,000 per month without insurance and that he struggles to meet basic expenses such as rent, groceries, and child-related costs. Appellant testified that he currently has temporary emergency custody of his twin children; however, their mother is the head of household and claims them as dependents, which prevents him from being able to include them in his household size. Appellant testified that he cannot afford private insurance and believes that his limited remaining income after necessary expenses should be considered in determining eligibility.

Findings of Fact

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

1. Appellant is between the ages of 21 and 64 and resides in a household size of one; he does not have a verified disability status on file.

¹ By filing the appeal, Appellant received an aid pending protection which prevents his CarePlus benefit from terminating throughout the pendency of this appeal.

2. On 8/12/25, while receiving CarePlus, MassHealth issued a job update form to Appellant requesting verification of income within the 30-day deadline.
3. On 9/16/25, MassHealth informed Appellant that his CarePlus benefits would end effective 9/30/25 for failure to respond to the request for information within the time allowed under 130 CMR 502/007(C)(3).
4. On 9/23/25, Appellant contacted MassHealth and reported his gross current income, which amounts to approximately \$3,986.26 per month.
5. On 9/23/25, after receiving Appellant's updated income information, MassHealth issued a notice informing Appellant that he did not qualify for MassHealth benefits because his income exceeded the program limit.

Analysis and Conclusions of Law

The issues on appeal are (1) whether MassHealth correctly sought to terminate Appellant's CarePlus benefit for failing to provide verification of eligibility by the required deadline, and, (2) whether MassHealth correctly determined, after receiving updated information, that Appellant did not qualify for MassHealth benefits because his income exceeded the program limit.

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 available coverage types offered under the MassHealth program are listed as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,² 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;

² "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

(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 qualify for benefits, an individual must meet both categorical *and* financial requirements for the applicable coverage type listed above. As of the hearing date, there was no evidence that Appellant had a verified disability or other special circumstance to be categorically eligible for Standard or CommonHealth. As Appellant is ineligible for Standard and is between the ages of 21-64, he is categorically eligible for CarePlus.³ To be *financially* eligible for CarePlus, an individual must have a modified adjusted gross income (MAGI) that does not exceed 133% of the federal poverty level (FPL). See 130 CMR 505.008(A)(2)(c). For a household of one, this amounts to a MAGI limit of \$1,735 per month. See *2025 MassHealth Income Standards & Federal Poverty Guidelines*. Countable household income includes both earned and unearned income, as described in 130 CMR 506.003(A)-(B), less deductions described in 130 CMR 506.003(D). See 130 CMR 506.003. Countable earned income “is the total amount of taxable compensation received for work or services performed less pretax deductions... [and] may include wages, salaries, tips, commissions, and bonuses.” See 130 CMR 506.003(A).

The evidence indicates that Appellant receives an average gross earned income of \$3,986.26 per month. For a household size of one, this exceeds 133% of the FPL and renders him ineligible for CarePlus. While the cost of living and medical expenses that Appellant testified to at hearing are legitimate concerns, they are not factors that may be considered when determining MAGI-based eligibility and do not fall within any of the allowable deductions specified under 130 CMR 506.003(D).⁴ Because Appellant’s income exceeds the 133% FPL limit and there is no verified disability or other qualifying basis for eligibility on file, Appellant does not qualify for MassHealth benefits at this time. MassHealth did not err in issuing its 9/23/25 eligibility determination.

Additionally, there is no evidence that MassHealth erred in issuing the earlier 9/16/25 termination notice. It is the responsibility of the applicant or member to verify all eligibility factors. See 130 CMR 502.007(C)(3). If a data match indicates that a member experienced a change in circumstances that would result in a benefit reduction or termination, MassHealth gives the member 30 days from the date of the agency’s request for information. *Id.* As MassHealth issued

³ There is no evidence that Appellant is categorically eligible for any of the other coverage types listed in 130 CMR 505.001(A), above.

⁴ Examples of the listed deductions include educator expenses, health savings account, alimony, student loan interest, individual retirement account, scholarships and awards, among other sources. See 130 CMR 506.003(D).

the request for a completed job update form on 8/12/25, Appellant would have been required to return it on or before 9/12/25. As there was no evidence to suggest that Appellant returned the form by the deadline, there was no error by MassHealth in notifying him, pursuant to its 9/16/25 notice, that his CarePlus benefit would end effective 9/30/25.

As Appellant did not meet his burden of proof in demonstrating the invalidity of the MassHealth action, the 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, Esq.
Hearing Officer
Board of Hearings

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