

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2513876
Decision Date:	10/29/2025	Hearing Date:	10/24/2025
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kristine Angelari, 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:	10/29/2025	Hearing Date:	10/24/2025
MassHealth's Rep.:	Kristine Angelari	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, 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 9/23/25, MassHealth denied Appellant's application for MassHealth benefits because it determined that her income exceeded the program limit. *See* 130 CMR §§ 506.007(B), 502.003; Exh. 1. Appellant filed a timely request for an appeal on 9/23/25. *See* Exh. 2. Denial or termination of assistance constitutes valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth benefits on the basis that her 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 was ineligible for MassHealth benefits because her income exceeded the program limit.

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 four (4), comprised of herself, her husband, and two minor children. Appellant does not have a verified disability status on file. Appellant was enrolled in MassHealth Standard in 2018. To qualify for MassHealth benefits, an adult applicant must, generally, not have income that exceeds 133% of the federal poverty level (FPL). For a household size of four, this amounts to a gross income limit of \$3,564 per month. Although Appellant originally met the income requirement to qualify for Standard, her household income subsequently increased beyond the FPL threshold. As a result, MassHealth approved Appellant and other household members for extended coverage through a transitional medical assistance (TMA) benefit. TMA acts as a bridge to give certain members who no longer qualify for MassHealth additional time to find alternative coverage - either through employer sponsored insurance or through the Health Connector. Through a notice dated 7/2/25, MassHealth informed Appellant, as head of household, that their TMA benefit would expire on 8/31/25 and requested that she provide updated information to reassess their current eligibility for MassHealth benefits. *See* Exh. 5.

The MassHealth representative testified that on 9/15/25, Appellant submitted a job update form with verification that she was unemployed and personally receiving no income, as well as current paystubs from her husband's employment showing that he was receiving an average gross income of \$2,265 per week, which equates to an average monthly income of \$9,815. As a household of four, this placed Appellant's household with a modified adjusted gross income (MAGI) at 345.27% of the FPL. Because MassHealth counts both the income of the individual and, if married, their spouse, MassHealth appropriately included the husband's income when determining Appellant's eligibility. On 9/23/25, after processing the updated information, MassHealth notified Appellant that she was ineligible for MassHealth benefits because her income exceeded the program limit. *See* Exh. 1.¹

At the hearing, Appellant testified that she is no longer employed and currently has no income. She did not understand why she previously qualified for MassHealth when she was working but is now ineligible despite having lost her source of income. Appellant acknowledged that she submitted the underlying paystubs for her husband and that the income reflected on the case is accurate; however, she emphasized that a large portion of his income is based on overtime he receives through his work as a [REDACTED]. Appellant testified that because her husband's opportunity for overtime is season-dependent, his income will be significantly reduced as the colder months approach. Appellant further testified that, due to her lack of income, she cannot

¹ The MassHealth representative testified that Appellant's children remain enrolled in MassHealth due to a continuous eligibility protection applicable to minors; however, if once the protection expires, their benefit will end if the household income stays above the program limit.

afford the premium or cost-sharing expenses if she were to get a plan through the Health Connector. Additionally, her husband's employer does not offer full insurance, and it does not include dental or vision coverage, which will leave her family with unmet health care needs.

Findings of Fact

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

1. Appellant is an adult under the age of 65 and resides in a household size of four, comprised of herself, her husband, and two minor children.
2. Appellant does not have a verified disability status on file.
3. Appellant was last enrolled in MassHealth Standard through a TMA benefit that was set to expire on 8/31/25.
4. On 9/15/25, Appellant submitted updated income information that showed she was unemployed, and that her husband, who was employed, was receiving an average gross income of \$2,265 per week or \$9,815 per month.
5. On 9/23/25, MassHealth notified Appellant that she was ineligible for MassHealth benefits because her income exceeded the program limit.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant was ineligible for MassHealth benefits because her 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;

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

(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 qualify for one of the coverage types listed above, an individual must meet both categorical *and* financial requirements. Appellant is categorically eligible for MassHealth Standard as a “parent or caretaker relative of a child younger than 19” under 130 CMR 505.002(C). To be *financially* eligible for Standard as a parent/caretaker, the household modified adjusted gross income (MAGI) must be at, or less than, 133% of the federal poverty level (FPL). See 130 CMR 505.002(C)(1)(a). For a household of four, this amounts to a MAGI limit of \$3,564 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). A household’s countable income is the sum of the MAGI-based income of every individual included in the individual’s household, with limited exceptions. See 130 CMR 506.007(A)(2)(a).

The evidence indicates that although Appellant is unemployed, her husband receives an average monthly income of \$9,815. Based on MassHealth’s MAGI-household composition rules, MassHealth appropriately included the spousal income in determining Appellant’s eligibility for benefits as she is married and living with her spouse. *Id.* A monthly income of \$9,815 for a household of four places Appellant at 345.27%³ of the FPL and therefore exceeds the limit to qualify for MassHealth. Although Appellant raised concerns that much of her husband’s income was comprised of overtime, which is subject to change, and the difficulties in finding comprehensive alternative health insurance coverage, there was no evidence that MassHealth erred in calculating the Appellant’s household income. Nor was there evidence that Appellant qualified for any of the allowable deductions

³ This figure is inclusive of the 5% disregard that MassHealth automatically deducts when determining the household MAGI for an applicant or member under 130 CMR 506.007(A)(3).

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 on file, she is ineligible for MassHealth benefits at this time. Appellant has not met her burden of proof in demonstrating that MassHealth's 9/23/25 eligibility determination was incorrect.

For these reasons, 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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

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

⁴ Examples of the listed deductions include educator expenses, health savings account, alimony, student loan interest, individual retirement account, scholarships and awards, among other federally permitted tax deductions that would be reflected in the applicant's federal tax filing form. See 130 CMR 506.003(D).