

**Office of Medicaid
BOARD OF HEARINGS**


Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2513994
Decision Date:	10/28/2025	Hearing Date:	10/24/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jennifer Raymond, Taunton

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
Decision Date:	10/28/2025	Hearing Date:	10/24/2025
MassHealth’s Rep.:	Jennifer Raymond	Appellant’s Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Telephonic		

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 9/12/25, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant is over the income limit, and the appellant was determined eligible for Health Safety Net. (130 CMR 506.001 and Exhibit 1). The appellant filed this appeal in a timely manner on 9/24/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant’s MassHealth application.

Issues

The issue is whether MassHealth was correct, pursuant to 130 CMR 506.001, in determining that the appellant was over the income limit for MassHealth.

Summary of Evidence

The appellant is under 65 and has a household of three. The MassHealth representative testified that on 7/9/25, MassHealth requested proof of residency for the appellant in order to maintain her MassHealth Standard eligibility. The MassHealth representative testified that on 8/12/25, MassHealth terminated the appellant's MassHealth Standard benefits due to failure to submit the requested documentation. The MassHealth representative testified that on 9/3/25, the appellant verified her address, and on 9/4/25, the appellant added her newborn to her MassHealth household. The appellant's child was born on [REDACTED]. The MassHealth representative testified that on 9/12/25, the appellant's spouse verified his self-employment income of \$6,200.00 per month; the appellant does not have any income herself. The MassHealth representative testified that on 9/12/25, MassHealth determined the appellant is eligible for Health Safety Net with a start date of 8/1/25 because she is over the income limit for MassHealth. The appellant appealed the 9/12/25 denial notice.

The appellant testified that she could not submit the requested documents because she was pregnant, and she would have had to mail or fax the documents and which was not possible toward the end of her pregnancy.

Findings of Fact

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

1. The appellant is under 65 and has a household of three.
2. On 7/9/25, MassHealth requested proof of residency for the appellant.
3. On 8/12/25, MassHealth terminated the appellant's MassHealth Standard benefits due to failure to submit the requested documentation.
4. The appellant's child was born on [REDACTED].
5. On 9/3/25, the appellant verified her address, and on 9/4/25, the appellant added her newborn to her MassHealth household.
6. On 9/12/25, the appellant's spouse verified his self-employment income of \$6,200.00 per month; the appellant does not have income of her own.
7. On 9/12/25, MassHealth determined the appellant is eligible for Health Safety Net with a start date of 8/1/25 because she is over the income limit for MassHealth.

Analysis and Conclusions of Law

Regulation 130 CMR 516.001(C) provides that MassHealth may request additional information or documentation, if necessary, to determine eligibility. The request for information provides 30 days to return the needed documents. Pursuant to 130 CMR 516.001(D), if the verifications are not submitted within 30 days of the date of the request, MassHealth benefits may be terminated. The appellant failed to submit the requested residency verification within the time allowed; therefore, she was terminated from MassHealth.

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. 130 CMR 505.001 lists the different MassHealth coverage types.

(A) The MassHealth coverage types are the following:

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

(emphasis added)

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000. The financial eligibility for various MassHealth coverage types is determined by comparing the family group's monthly gross income with the applicable income standards for the specific coverage. (130 CMR 506.007(A)). Eligibility for postpartum care for certain pregnant individuals continues for 12 months following the birth of the baby. (130 CMR 505.002(D)(4)). The income limit for MassHealth Standard for someone who has declared a pregnancy is less than or equal to 200% of the federal poverty level (FPL) (130 CMR 505.002 (D)(1)(a)). The income limit for MassHealth CarePlus for an adult aged 21 to 64 is 133% of the FPL (130 CMR 505.008(A)(2)(c)).

The appellant is married in a household of three with a gross monthly income of \$6,200.00. The appellant's gross annual income is 279.17% of the 2025 FPL.¹ As such, the appellant is over the income limit for MassHealth. MassHealth's decision was correct.

This appeal is therefore **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.

Christine Therrien
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center

¹ 200% of the FPL is \$4,441.67 a month for a family of three.