

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514268
Decision Date:	10/30/2025	Hearing Date:	10/28/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherri Paiva, Taunton 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:	Community Eligibility-under 65-Income
Decision Date:	10/30/2025	Hearing Date:	10/28/2025
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	Pro se
Hearing Location:	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 September 23, 2025, MassHealth notified Appellant that he is not MassHealth eligible due to income that exceeds program limits (130 CMR 505.001, 506.007, 505.008 and Exhibit 1). Appellant filed this appeal in a timely manner on September 30, 2025 (130 CMR 610.015(B), 610.036 and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that Appellant is not MassHealth eligible due to income that exceeds program limits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 505.008, 506.007 in determining that Appellant is not MassHealth eligible due to income that exceeds program limits.

Summary of Evidence

The MassHealth representative testified that Appellant is between 21 and 65 years of age. Appellant has not been determined disabled and lives with his spouse in a household size of two. Appellant reported total monthly household income of \$1,787.60 bi-weekly from his spouse's employment, which equates to \$3,873.73 monthly income and 214% of the federal poverty level. Appellant and his spouse file taxes jointly. Appellant and his spouse are eligible for Connector Care plan type 3A and have enrolled in a Tufts Health plan. MassHealth testified that because income exceeds 133% of the federal poverty level, \$2,345, and Appellant is not otherwise categorically eligible for a MassHealth coverage type, a system-generated denial notice issued. MassHealth noted that a disability supplement was mailed to Appellant on October 7, 2025, and another supplement would be sent to his address.

Appellant verified household size and income and confirmed that he and his spouse are enrolled in a Connector plan, but he cannot afford the \$282 monthly premium. Appellant also stated that MassHealth should use net income and take into account household expenses including rent. Appellant testified that he did not receive the disability supplement, and that he would return a completed supplement to MassHealth when he receives it in the mail.

Findings of Fact

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

1. Appellant is between 21 and 65 years of age.
2. Appellant has not been determined disabled.
3. Appellant is a household size of two, and he files taxes jointly with his spouse.
4. Monthly household income is \$1,787.60 bi-weekly from Appellant's spouse's employment, which equates to \$3,873.73 monthly income.
5. 100% of the federal poverty level for a household size of two is \$1,763.
6. 133% of the federal poverty level for a household size of two is \$2,345.

Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits (130 CMR 501.003(A)). MassHealth offers several coverage types (130 CMR 501.003(B)). The coverage type for which an individual is eligible is based on their income and circumstances (130 CMR 515.003(B)). Regulation 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). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (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 of age 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

The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households. Pursuant to 130 CMR 506.003, countable household income includes earned income described in 130 CMR 506.003(A) as the total amount of taxable compensation received for work or services performed less pretax deductions. Appellant did not testify to or document any of the allowable expenses under 506.003(D)¹; however, Appellant can update changes in income

¹ See 130 CMR 506.003(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and

and applicable expenses to MassHealth at any time. Income of all household members forms the basis for establishing an individual's eligibility (130 CMR 506.007). The MassHealth agency multiplies average weekly income by 4.333 (130 CMR 506.007(A)(2)(c)). Five percentage points of the current federal poverty level (FPL) is then subtracted from the applicable household total countable income to determine the eligibility of the individual under the coverage type with the highest income standard (130 CMR 506.007(A)(3)). Appellant is between 21 and 65 years of age. Total bi-weekly income is \$1,787 earned income by his spouse, which equates to \$3,873 monthly income,² and 214% of the federal poverty level for MassHealth eligibility purposes [$\$3,873 - \$88.15 \cdot 5 = \$3,784.85$] [$\$3,784.85 \div \$1,763 \times 100 = 214\%$]. MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of two [$\$2,345$] making Appellant ineligible for MassHealth CarePlus (130 CMR 505.008(A)).⁴ Because Appellant is not otherwise categorically eligible for a MassHealth coverage type, MassHealth correctly denied coverage. Appellant can direct any questions about the Health Connector to 1-877-623-6765 and Health Safety Net to 877-910-2100.

The appeal is DENIED.

Order for MassHealth

None.

(12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

² $\$1,787.60/2 = \$893.80 \times 4.333 = \$3,873$.

³ 5% of \$1,763.

⁴ 130 CMR 505.008(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *MassHealth: Managed Care Requirements* and must meet the following conditions.

(a) The individual is an adult 21 through 64 years old.

(b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.

(c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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