

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514291
<b>Decision Date:</b>	12/22/2025	<b>Hearing Date:</b>	11/03/2025
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Laymaris Ortiz, Springfield 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65; Downgrade; Over income
<b>Decision Date:</b>	12/22/2025	<b>Hearing Date:</b>	11/03/2025
<b>MassHealth's Rep.:</b>	Laymaris Ortiz	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Room 2 (Remote)	<b>Aid Pending:</b>	Yes

## 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 22, 2025, MassHealth notified the appellant that her benefits were being downgraded from MassHealth CarePlus to Health Safety Net because of a change in circumstances. (Exhibit 1). The appellant filed this appeal in a timely manner on or about October 1, 2025. (130 CMR 610.015(B); Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth notified the appellant that her benefits were downgraded from MassHealth CarePlus to Health Safety Net because of a change in circumstances.

## Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's benefits from CarePlus to Health Safety Net.

## Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing telephonically. The record establishes the following: The appellant is an adult between the ages of [REDACTED] and resides in a household of one. She is a tax filer with no claimed dependents on file. The appellant previously received MassHealth CarePlus benefits based on her household income at that time. On September 22, 2025, MassHealth's computer system performed an automatic update which matched the appellant's income from her 2024 tax return. The appellant's verified gross monthly income from employment totals \$2,237.75; this amount equates to 216.08% of the Federal Poverty Level (FPL) for her household size. To qualify for MassHealth benefits, the appellant's income must be at or below 133% of the FPL, or \$1,735.00 per month for a household size of 1. On September 22, 2025, MassHealth notified the appellant that her CarePlus benefits were being downgraded to Health Safety Net on November 1, 2025, because of a change in her circumstances. (Exhibit 1). The appellant is also eligible for a ConnectorCare plan through the Massachusetts Health Connector. *Id.*

The appellant testified that she understands she is over the income limit though her gross income amount sounds inaccurate; the MassHealth representative confirmed the appellant's income from her 2024 tax returns. Further, the appellant testified that she contacted the Health Connector to review the health plans that were offered to her, however, she cannot afford any of the premiums. Additionally, the appellant stated that she contacted MassHealth a few weeks ago and she is waiting for an Adult Disability Supplement to be mailed to her. The MassHealth representative explained that once she receives it, she can opt to fill it out and return it to the Disability Evaluation Services (DES) unit. She further explained that if the appellant does submit the Disability Supplement to the DES unit, she may qualify for CommonHealth coverage if DES determines that she is disabled.

## Findings of Fact

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

1. The appellant is an adult between the ages of [REDACTED] and lives in a household of one.
2. The appellant was previously eligible for MassHealth CarePlus benefits prior to updating her income on September 22, 2025.

3. On or about September 22, 2025, MassHealth notified the appellant that her CarePlus coverage was being downgraded to Health Safety Net starting on November 1, 2025, because of a change in her circumstances.
4. The appellant's verified monthly income from employment totals \$2,237.75, which is equal to 216.08% of the FPL for a household of one
5. 133% of the FPL limit for a household size of 1 is \$1,735.00 per month.
6. The appellant is eligible for a health care plan through the Health Connector.
7. The appellant timely appealed this MassHealth action.

## Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

(1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults<sup>1</sup>, 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 [REDACTED] 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.

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<sup>1</sup> “Young adults” are defined at 130 CMR 501.001 as those aged [REDACTED]

The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition*. 130 CMR 505.001(B).

At issue in this case is MassHealth's determination that the appellant is no longer eligible for MassHealth benefits. To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, as an adult between the ages of [REDACTED] the appellant meets the categorical requirements for MassHealth CarePlus.<sup>2</sup>

An applicant is financially eligible for CarePlus 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 505.002(C)(1)(a); 505.008(A)(2)(c)). 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 she resides in a household of one.

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

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<sup>2</sup> The record does not include any evidence to suggest that the appellant would be categorically eligible for any other MassHealth coverage type.

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 \$2,237.75. This amount exceeds 133% of the FPL for a household of one, which is \$1,735.00. 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.

This appeal is denied.<sup>3</sup>

## **Order for MassHealth**

Remove aid pending.

## **Notification of Your Right to Appeal to Court**

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<sup>3</sup> 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. Additionally, this denial does not preclude the appellant from submitting the Adult Disability Supplement to DES, if she so chooses.

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.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104