

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2514330
Decision Date:	11/19/2025	Hearing Date:	10/30/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:



Appearance for MassHealth:

Michael Rossi, Quincy 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
Decision Date:	11/19/2025	Hearing Date:	10/30/2025
MassHealth's Rep.:	Michael Rossi	Appellant's Rep.:	██████
Hearing Location:	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

Through a notice dated September 5, 2025, MassHealth downgraded the appellant's coverage from MassHealth CarePlus to Health Safety Net for a limited time and deemed him eligible for a ConnectorCare plan through the Massachusetts Health Connector because MassHealth determined that the appellant's household income exceeded the allowed threshold for MassHealth. See 130 CMR 505.008; 130 CMR 506.002; 130 CMR 506.003; 130 CMR 506.007; and Exhibit 1. The appellant filed this appeal in a timely manner on October 1, 2025. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place to protect the appellant's benefits. Any agency action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth downgraded the appellant's coverage from MassHealth CarePlus to Health Safety net for a limited time and deemed him eligible for a ConnectorCare plan because his household income exceeded the allowed threshold.

Issue

Whether MassHealth correctly determined that the appellant is not eligible for MassHealth

benefits pursuant to 130 CMR 505.008; 130 CMR 506.002; 130 CMR 506.003; and 130 CMR 506.007.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The appellant appeared pro se and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is a non-tax filer who resides in a household of seven. He is being claimed as a tax dependent by his parents. He has been on MassHealth CarePlus since December 1, 2024. The appellant updated his income by providing a DOR form and paystubs. Based on the appellant's submissions, MassHealth calculated the appellant's updated income as \$2,447.55 biweekly and \$5,303.84 monthly. The MassHealth representative stated that by updating the appellant's income, the total household income is now \$10,388.92 per month for a household of seven which includes his parents' income. This figure equates to 251.25% of the federal poverty level (FPL) for a household of seven which exceeds the limit for MassHealth benefits. The income limit to receive MassHealth benefits is \$5,393.00 per month for a household of seven. As result, MassHealth downgraded the appellant's coverage from MassHealth CarePlus to Health Safety Net for a limited time and deemed him eligible for a ConnectorCare plan through the Massachusetts Health Connector because MassHealth determined that the appellant's household income exceeded the allowed threshold for MassHealth.

The appellant initially testified that he is a tax filer but after the MassHealth representative stated that the tax documents submitted to MassHealth reflected that the appellant was being claimed by his parents, the appellant agreed that he was a tax dependent. The appellant confirmed his household size and employment but contested his income. He stated that he works 40 hours per week at the rate of \$28.00 per hour. As such, his income is \$1,120.00 per week. He also could neither confirm nor contest his parents' income. He added that his take-home pay is lower than the amount reported because taxes are deducted from his paycheck. The appellant concluded that he would like to maintain his medical services with his current doctors but confirmed that he was not deemed disabled.

Findings of Fact

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

1. The appellant is a tax dependent who resides in a household of seven. (Testimony).
2. The appellant has been on MassHealth CarePlus since December 1, 2024. (Testimony).

3. The appellant updated his income by providing a DOR form and paystubs. (Testimony).
4. MassHealth calculated the appellant's updated income as \$2,447.55 biweekly and \$5,303.84 monthly. (Testimony).
5. The appellant's total household income is \$10,388.92 per month. This figure equates to 251.25% of the FPL for a household of seven. (Testimony and Exhibit 1).
6. On September 5, 2025, MassHealth downgraded the appellant's coverage from MassHealth CarePlus to Health Safety Net for a limited time and deemed him eligible for a ConnectorCare plan through the Massachusetts Health Connector because MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth. (Testimony and Exhibit 1).
7. The appellant filed this appeal in a timely manner on October 1, 2025. (Exhibit 2).
8. An aid pending protection was put in place to protect the appellant's benefits. (Testimony and Exhibit 4).
9. The income limit to receive MassHealth benefits is \$5,393.00 per month for a household of seven. (Testimony and Federal Poverty Guidelines).
10. The appellant has not been deemed disabled. (Testimony).

Analysis and Conclusions of Law

Generally, MassHealth regulations at 130 CMR 505.000 explain the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements **and** financial standards.

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

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults¹, 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) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled

¹ “[Y]oung adults” are defined as those aged 19 and 20. See 130 CMR 501.001.

- 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, CommonHealth, or CarePlus;
- (5) MassHealth 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
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

In this case, the appellant is under the age of 65 and meets the categorical requirements for MassHealth CarePlus. See 130 CMR 505.001(A)(3). The question then becomes whether he meets the income requirements to qualify.

An individual between the ages of 21 and 64 who is categorically eligible for MassHealth CarePlus can only be financially eligible if “the individual’s modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” See 130 CMR 505.008(A)(2)(c); <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>.

To determine financial eligibility pursuant to 130 CMR 506.007(A), MassHealth must construct a household as described in 130 CMR 506.002(B) for each individual who is applying for or renewing coverage. MAGI household composition rules used to determine member eligibility are the following:

(2) Individuals Claimed as a Tax Dependent on Federal Income Taxes.

- (a) For an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which the initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.002(B)(2)(b)1., 2., or 3., the household consists of
 1. the individual;
 2. the individual’s spouse, if living with them;
 3. the taxpayer claiming the individual as a tax dependent;
 4. any of the taxpayer’s tax dependents; and
 5. if any individual described in 130 CMR 506.002(B)(2)(a)1. through 4. is pregnant, the number of expected children.

See 130 CMR 506.002(B).

Here, the appellant verified that he lives in a household of seven and is being claimed as a tax

dependent by his parents. Thus, the appellant meets the MAGI rules for a household of seven.

Once the individual's household size is established, her MassHealth MAGI household income is determined in the following manner:

(2)using the total of all countable monthly income² for each person in that individual's MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(K).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

See 130 CMR 506.007(A).

Based on the appellant's submitted paystubs, MassHealth calculated the appellant's gross monthly income as \$5,303.84 and his total household income as \$10,388.92 which included his parents' income. Per MAGI rules as explained supra, to determine eligibility of the individual under the coverage type with the highest income standard, five percentage points of the current FPL is subtracted from the applicable household's countable income. See 130 CMR 506.007(A)(3). For a household of seven, 5 percentage points of the current FPL equals \$202.75 a month. After deducting five percentage points of the FPL from the appellant's total household income (\$10,388.92-\$202.75), the appellant's countable income equals \$10,186.17. The income limit for MassHealth CarePlus is 133% of the FPL, or \$5,393.00 per month for a household of seven.

Moreover, the appellant could not present any evidence to negate MassHealth's representative's testimony regarding the total household income. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings"). As such, since the appellant's total household income exceeds 133% of the FPL, the appellant is not financially eligible for MassHealth CarePlus benefits.

² Countable household income includes earned income which is the "total amount of taxable compensation received from work..." See 130 CMR 506.003(A).

Additionally, 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
- (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.

See 130 CMR 506.003(D).

In this case, the appellant stated that his take-home pay is lower than the amount stated by MassHealth because taxes are deducted from his paycheck. Because earned income is the “total amount of taxable compensation received from work,” and customary taxes do not fall within the allowable deductions enumerated in 130 CMR 506.003(D), MassHealth correctly determined the appellant’s monthly income to be \$5,303.84.³ See 130 CMR 506.003(A).

Accordingly, I find that MassHealth correctly downgraded the appellant’s coverage from MassHealth CarePlus to Health Safety Net for a limited time and deemed him eligible for a ConnectorCare plan through the Massachusetts Health Connector.

For the forgoing reasons, this appeal is DENIED.

Order for MassHealth

None.

³ Even assuming, without deciding, that the appellant’s income equals \$1,120.00 per week which equals \$4,852.96 per month, this amount still exceeds the allowable income threshold by MassHealth.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171