

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Names and Address:**



<b>Appeal Decisions:</b>	Denied	<b>Appeal Numbers:</b>	2514730; 2514731
<b>Decision Date:</b>	12/29/2025	<b>Hearing Date:</b>	11/05/2025
<b>Hearing Officer:</b>	Scott Bernard		

**Appearances for Appellant:**



**Appearances for MassHealth:**

Kathryn Begin *via* telephone;  
Ryan Bond *via* telephone

**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

<b>Appeal Decisions:</b>	Denied	<b>Issue:</b>	Community Eligibility Under 65; Income
<b>Decision Date:</b>	12/29/2025	<b>Hearing Date:</b>	11/05/2025
<b>MassHealth's Reps.:</b>	Kathryn Begin; Ryan Bond	<b>Appellant's Reps.:</b>	[REDACTED]
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center	<b>Aid Pending:</b>	No

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

Through notices dated September 29, 2025, MassHealth denied each of the appellants' applications for MassHealth benefits after determining that their household's gross monthly income (GMI) exceeded the applicable income limit for MassHealth Limited coverage. (See 130 CMR 505.006; 506.007; and Exhibits (Exs.) 1A, 1B). The appellant wife filed an appeal on October 8, 2025, and the appellant husband filed an appeal on October 9, 2025; both appeals were received in a timely manner and were heard together. (See 130 CMR 610.015(B); and Exs. 2A, 2B). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellants' applications for MassHealth Limited coverage after determining that the household's GMI exceeded the applicable income limit for their household size.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.006 and 506.007,

in determining that the appellants' household GMI exceeded the income limit for MassHealth Limited coverage.

## Summary of Evidence

MassHealth was represented by two benefits eligibility representatives from the Tewksbury MassHealth Enrollment Center (MEC). The appellant husband spoke on behalf of himself and the appellant wife, who was also present. The hearing was conducted by telephone with the assistance of an interpreter.

The MassHealth representatives testified first to the following. The household consists of four individuals, including the appellants, who are married and under the age of [REDACTED] and their two dependent children, both under the age of [REDACTED] (Testimony; Exs. 3A, 3B). MassHealth received proof of income on September 29, 2025, consisting of a pay stub from the appellant husband's employer showing gross biweekly earnings of \$2,307.69. (Testimony). In order to determine the household's GMI, MassHealth multiplied this biweekly income by 2.167. (Testimony). Applying this methodology resulted in a calculated GMI of \$5,000.76. (Testimony). MassHealth also received an affidavit submitted by the appellant wife stating she and the two dependent children receive zero income. (Testimony). The appellants file joint taxes and claim their two children as dependents. (Testimony).

The MassHealth representative continued by stating that the appellants' immigration status on file is ILP, meaning Non-Qualified Individual Lawfully Present. (Testimony; Exs. 3A, 3B). The appellants do not have other primary health insurance or any special qualifying circumstance on file. (Testimony; Exs. 1A, 1B; Exs. 3A, 3B). Although the appellants were previously eligible for MassHealth Limited, the income limit for a household of four at 133% of the federal poverty level (FPL) is \$3,564.00 per month. (Testimony). Because the household's GMI exceeded this limit, MassHealth determined that the appellants were no longer eligible for MassHealth Limited coverage. (Testimony; Exs. 1A, 1B). Eligibility determinations are based solely on GMI and do not take household expenses or personal circumstances into account. (Testimony).

The appellant husband then testified. He and the appellant wife arrived in the United States in [REDACTED] as asylum applicants, at which time he had no work permit, no Social Security number, and no income, and the household relied on financial assistance from friends and others. (Testimony). After receiving his work permit and Social Security number, he began working as an accountant. (Testimony). He asserted that the pay stub relied upon by MassHealth does not accurately reflect his ongoing income and that his actual earnings are approximately \$1,907.00 per pay period, with monthly income closer to \$3,700.00 to \$3,800.00. (Testimony). He described significant household hardship, including his development of high blood pressure following the death of his sister, the appellant wife's loss of her father and a serious health episode requiring hospitalization and physical therapy, her ongoing breast-related health issues requiring monitoring every six months, and his own serious medical condition requiring surgery scheduled for November 17, 2025. (Testimony). He stated that he cannot afford ongoing medical care without

health coverage and that he was informed by MassHealth that eligibility determinations are based on income rather than personal circumstances. (Testimony).

## Findings of Fact

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

1. The appellants are married, under the age of [REDACTED] and reside in a household of four with their two dependent children, both of whom are under the age of [REDACTED] (Testimony; Exs. 3A, 3B).
2. The appellants file joint taxes and claim their two children as dependents. (Testimony).
3. MassHealth received proof of income on September 29, 2025, consisting of a pay stub from the appellant husband's employer reflecting gross biweekly earnings of \$2,307.69. (Testimony).
4. To determine the household's GMI, MassHealth multiplied this biweekly income by 2.167, resulting in a calculated GMI of \$5,000.76 for the household. (Testimony).
5. The appellant wife submitted an affidavit attesting to zero income, and the dependent children likewise have no income. (Testimony).
6. The appellants' immigration status on file is ILP, meaning Non-Qualified Individual Lawfully Present. (Testimony; Exs. 3A, 3B).
7. The appellants do not have other primary health insurance or any special qualifying circumstance on file. (Testimony; Exs. 1A, 1B; Exs. 3A, 3B).
8. The appellants were previously eligible for MassHealth Limited coverage. (Testimony).
9. For a household of four, the GMI limit at 133% of the FPL is \$3,564.00. (Testimony).
10. The household's calculated GMI exceeds the applicable income limit for MassHealth Limited coverage, and eligibility determinations are based solely on GMI without regard to household expenses or personal circumstances. (Testimony).

## Analysis and Conclusions of Law

Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules is determined by comparing the sum of all countable income for the individual's household with the applicable income standard for the specific coverage type. (130 CMR 506.007(A)). MassHealth constructs a household for each individual who is applying for or renewing coverage, and eligibility is determined using the total countable monthly income of all

individuals included in that household. (130 CMR 506.007(A)(1)–(2)).

A household's countable income is the sum of the gross income of every individual included in the household, with the exception of children and tax dependents who are not expected to be required to file a tax return. (130 CMR 506.007(A)(2)(a)). Countable income includes earned income, which consists of taxable compensation received for work or services performed. (130 CMR 506.007(A)(2)(b); 130 CMR 506.003(A)(1)). In determining monthly income, MassHealth converts reported earnings to a monthly amount and compares the household's income to the applicable income standard for the coverage type at issue. (130 CMR 506.007(A)(2)(c)).

Noncitizens who do not meet the definition of qualified noncitizens under federal law, including nonqualified individuals lawfully present or nonqualified persons residing under color of law, may be eligible only for certain MassHealth coverage types, including MassHealth Limited, if all other eligibility requirements are met. (130 CMR 504.003(A)(3), (C), (D)). MassHealth Limited provides limited medical benefits to certain noncitizens who are adults [REDACTED] years old whose MassHealth MAGI household income is less than or equal to 133% of the FPL. (130 CMR 505.006(A), (B)(1)(b), (c)).

The record shows that the appellants are under the age of [REDACTED] and reside in a household of four consisting of themselves and their two dependent children, whom they claim as dependents for tax purposes. For an individual living in a household of four to be eligible for MassHealth Limited, the applicable income limit is \$3,564.00 per month, representing 133% of the FPL for that household size. On September 29, 2025, MassHealth received the family's proof of income consisting of a pay stub showing gross biweekly earnings of \$2,307.69 for the appellant husband, which converts to a GMI of \$5,000.76 using the methodology prescribed by regulation.<sup>1</sup> Although the notice under appeal states that the household's income was 160.96% of the FPL, or \$4,313.73 per month, under either figure the household income exceeds the applicable income standard for MassHealth Limited. Accordingly, the appellants currently do not meet the financial eligibility requirements for MassHealth Limited coverage.

Although the appellants were previously eligible for MassHealth Limited and do not have other primary health insurance or a special qualifying circumstance on file, eligibility determinations under the MAGI rules are governed solely by the income standards set forth in regulation, and the regulations do not provide an exception to the applicable income limit based on household expenses, medical needs, or personal circumstances.

MassHealth correctly determined that the appellants were not eligible for MassHealth Limited and correctly issued the notices under appeal.

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<sup>1</sup> Although the appellant husband asserted that his actual earnings are lower than reflected in the amount derived from the pay stub attested to in the record, he did not submit documentation sufficient to substantiate his assertion; to the extent the household's income has changed since the issuance of the notices under appeal, the appellants may report that change to MassHealth for consideration in a new eligibility determination.

For the foregoing reasons, the appeals are 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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

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