

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514827
Decision Date:	02/06/2026	Hearing Date:	01/02/2026
Hearing Officer:	Amy B. Kullar, Esq.	Record Open to:	01/16/2026

Appearance for Appellant:



Appearance for MassHealth:

Doly Encarnacion, Charlestown MassHealth
Enrollment Center



*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:	02/06/2026	Hearing Date:	01/02/2026
MassHealth’s Rep.:	Doly Encarnacion	Appellant’s Rep.:	<i>Pro se</i> with father
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 1 (Telephone)	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 October 10, 2025, MassHealth informed the appellant that he was approved for MassHealth Health Safety Net and that he was eligible for a ConnectorCare plan, because MassHealth determined that the appellant’s income was too high for MassHealth Standard. *See* 130 CMR 502.003 and Exhibit 1. The appellant filed this appeal in a timely manner on October 10, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. A hearing was scheduled for November 19, 2025. Exhibit 5. The appellant failed to appear at this hearing and this appeal was dismissed by the Board of Hearings on November 24, 2025. *See* 130 CMR 610.015(B)(2) and Exhibit 5. The appeal dismissal was vacated for good cause by the Director of the Board of Hearings on December 5, 2025. *See* Exhibit 5. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Health Safety Net for a limited time and informed the appellant that he was eligible for a ConnectorCare plan through the Massachusetts Health Connector.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant's gross income exceeds the limit allowed by the regulations to qualify for benefits.

Summary of Evidence

The appellant is a [REDACTED] young adult who resides in a household of one. The appellant appeared telephonically, verified his identity, and granted verbal permission for his father to act as his appeal representative. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center, who appeared telephonically. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative testified that the appellant resides in a household of one and has a verified gross income of \$28,800.00 annually, which is equivalent to a federal poverty level (FPL) of 179.03%. The MassHealth representative testified that 150% of the federal poverty level for a household of one would reflect an annual gross income of \$23,484.00.¹ The appellant is over MassHealth income guidelines to receive MassHealth benefits, and instead he is qualified for a Health Connector plan. The MassHealth representative testified that that appellant aged out of dependent status [REDACTED]; he was no longer claimed as a dependent when he filed his annual renewal form on [REDACTED], and he is now the sole member of his household. Testimony.

The MassHealth representative testified that the appellant had self-attested to a disability on his annual renewal form; an Adult Disability Supplement was mailed to the appellant and due to be returned to MassHealth by August 19, 2025, but the appellant did not return an Adult Disability Supplement to MassHealth by that date. The appellant applied for MassHealth benefits on September 3, 2025; his FPL was calculated to be 179.03%, and a notice informing the appellant that he was approved for MassHealth Health Safety Net and that he was eligible for a ConnectorCare plan was issued that same date. Testimony and Exhibit 3. The appellant applied for MassHealth benefits again on October 1, 2025; his FPL was calculated to be 154.74%, and another notice informing the appellant that he was approved for MassHealth Health Safety Net and that he was eligible for a ConnectorCare plan was issued that same date. *Id.* The appellant applied for MassHealth benefits a third time on October 10, 2025, his FPL was calculated to be 179.03%, and the notice on appeal was issued to the appellant. Testimony. As of the date of hearing, MassHealth has not received any communications from Disability Evaluation Services (DES) regarding any open or closed disability episodes for the appellant. Testimony.

¹ See also 2025 MassHealth Income Standards and Federal Poverty Level Guidelines.

The appellant did not dispute the MassHealth representative's testimony. The appellant agreed with MassHealth's calculation of his income and he did not have any changes in his income to report at the hearing. Testimony. The appellant's representative clarified that the appellant is seasonally employed, typically from March-November of each year, and while he is not currently working, his verified income accurately reflects his annual income. The appellant's representative emphasized that the appellant has always reported all his income changes to MassHealth in a timely manner and always timely provided requested verifications of his income. He acknowledged that that appellant is not financially eligible for MassHealth benefits unless he has a verified disability. Testimony.

The appellant's representative continued his testimony. The appellant is diagnosed with a chronic illness, and as a result, he has significant medical, surgical, and pharmaceutical needs. The appellant's medication costs approximately \$11,000.00 per month. Testimony. The appellant and his representative are confused by the disability determination process. They believe that they have submitted all of the required documentation to DES as of the date of hearing, but they have not received any updates from DES. Testimony. The appellant's representative stated that the appellant was determined to be disabled as a minor, and he does not understand why the appellant's disability status did not transition with him when he became an adult.² Testimony. The MassHealth representative confirmed again that MassHealth has not received any communications from DES about a disability episode for the appellant. Testimony. The appellant's representative stated that he, on behalf of the appellant, has faxed the DES forms and supporting documentation to DES three times, including a recent Adult Disability Supplement form that was sent via fax to DES in October 2025. Testimony. The appellant's representative acknowledged that the appellant may have previously submitted a "Child Disability Supplement" instead of the adult version, but he is certain the appellant submitted the Adult Disability Supplement to DES in October 2025. Testimony. Despite following up with DES persistently, neither the appellant nor the appellant's representative have received a confirmation or response from DES regarding a new disability episode for the appellant. Testimony.

After this discussion, the MassHealth representative confirmed again that she could not locate any open disability episodes for the appellant in the MassHealth system. She also confirmed that the appellant does not have an Authorized Representative Designation (ARD) Form on file with MassHealth. It would probably benefit the appellant and his representative if they filed an ARD form with MassHealth so that the appellant's representative could handle all communications with DES and MassHealth on the appellant's behalf. Testimony. The appellant's representative is extremely frustrated by the entire process. He has documentation of the appellant's recent submission of his Adult Disability Supplement to DES. Testimony. He does not believe that the appellant missed any communications from DES or MassHealth. At this time, the Hearing Officer offered to hold the record open for two weeks so that the appellant could submit an ARD form to

² The Medicaid Management System (MMIS) printout indicates that the appellant has been a recipient of MassHealth benefits since 12/18/2022; he has never received MassHealth CommonHealth. There is no disability status listed for the appellant and there is no disability onset date listed for the appellant. See Exhibit 4.

MassHealth so that the appellant's representative would be able to communicate with MassHealth and DES regarding the appellant's recently submitted Adult Disability Supplement. Testimony. The MassHealth representative agreed to mail the appellant an ARD form and a new Adult Disability Supplement. All parties agreed to this plan, and the record was held open for two weeks post-hearing for this purpose. Exhibit 6. On January 16, 2026, the Hearing Officer closed the administrative record.

Findings of Fact

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

1. The appellant is a [REDACTED] young adult who resides in a household of one. Exhibit 4, Testimony.
2. The appellant earns income that amounts to a gross annual income of \$28,800.00. Testimony.
3. On October 10, 2025, MassHealth informed the appellant that he was eligible for the Health Safety Net, because the appellant exceeds the income limit to qualify for MassHealth benefits, and he was financially eligible for a Health Connector Plan. Exhibit 1.
4. The appellant filed a timely appeal on October 10, 2025. Exhibits 2,3.
5. A gross annual income at 150% of the federal poverty level equates to \$23,484.00 for a household of one. Testimony, 2025 MassHealth Income Standards and Federal Poverty Level Guidelines.

Analysis and Conclusions of Law

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) *Standard* - for pregnant women, 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 members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) *CommonHealth* - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
 - (3) *CarePlus* - for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
 - (4) *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) *Small Business Employee Premium Assistance* - for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
 - (6) *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
 - (7) *Senior Buy-In and Buy-In* - for certain Medicare beneficiaries.

130 CMR 505.001(A).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant meets the categorical requirements for MassHealth Standard. The question then remains as to whether he meets the income requirements to qualify.

Under 130 CMR 505.002(B)(3), young adults may establish eligibility for MassHealth Standard subject to the following requirements:

(3) Young Adults 19 through 20 Years Old.

(a) A young adult is eligible if

1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level (FPL); and
2. the young adult is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A): Lawfully Present Immigrants.

(b) A young adult receiving MassHealth Standard who receives inpatient services on the date of their 21st birthday remains eligible until the end of the stay for which the inpatient services are furnished.

(c) Eligibility for a young adult who is pregnant is determined under 130 CMR 505.002(D).

....

The appellant in this case is [REDACTED] and is therefore considered a young adult under MassHealth regulations. At hearing, the appellant confirmed that he resides in a household of one. Based on current MassHealth Income Standards and Federal Poverty Guidelines, 150% of the federal poverty level equates to an annual income of \$23,484.00. See chart at <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

MassHealth determines an applicant's modified adjusted gross income (MAGI) by taking the countable income, which includes earned income as 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). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

...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(C). Income of all the household members forms the basis for establishing an individual's eligibility. 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).

(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 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 (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.

(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.

(D) Safe Harbor Rule. The MassHealth agency will provide a safe harbor for individuals whose household income determined through MassHealth MAGI income rules results in financial ineligibility for MassHealth but whose household income determined through Health Connector income rules as described at 26 CFR 1.36B-1(e) is below 100 percent FPL. In such case, the individual's financial eligibility will be determined in accordance with Health Connector income rules.

(1) MassHealth uses current monthly income and the Health Connector uses projected annual income amounts.

(2) MassHealth MAGI household uses exceptions to tax household rules and the Health Connector uses the pure tax filing household.

(E) MAGI Protection for Individuals Receiving MassHealth Coverage on December 31, 2013. Notwithstanding the above, in the case of determining ongoing eligibility for individuals determined eligible for MassHealth coverage to begin on or before December 31, 2013, application of the MassHealth MAGI Household Income Calculation methodologies as set forth in 130 CMR 506.007 will not be applied until March 31, 2014, or the next regularly scheduled annual renewal of eligibility for such individual under 130 CMR 502.007, whichever is later, if the application of such methodologies would result in a downgrade of benefits.

In this case, MassHealth calculated the appellant's annual MAGI to equal \$28,800.00, which the appellant agreed was correct. As that amount exceeds 150% of the poverty level based on 2025 standards, the appellant is not eligible for MassHealth benefits. Therefore, because the appellant's household income is over 150% of the federal poverty level, MassHealth did not err in issuing the October 10, 2025, notice indicating that the appellant was not eligible for MassHealth benefits, and that he was eligible for a Health Connector plan.

This appeal is DENIED.

Order for MassHealth

Remove Aid Pending.

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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129