

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2515414
<b>Decision Date:</b>	01/06/2026	<b>Hearing Date:</b>	11/18/2025
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Mayra Vazquez, Tewksbury 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>	Community Eligibility-Under 65-Income
<b>Decision Date:</b>	01/06/2026	<b>Hearing Date:</b>	11/18/2025
<b>MassHealth's Rep.:</b>	Mayra Vazquez	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	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 October 3, 2025, MassHealth notified Appellant that he is not MassHealth eligible due to income that exceeds program limits and coverage would end on November 30, 2025 (130 CMR 505.001, 506.007 and Exhibit 1). Appellant filed this appeal in a timely manner on October 17, 2025 and has been receiving continuing coverage pending the appeal outcome (130 CMR 610.015(B), 610.036 and Exhibit 2). Termination 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, 505.002, 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 returned a job update form on October 3, 2025 verifying unemployment income totaling \$1,051 weekly, which averages \$4,553.98 per month. Appellant is a household size of one non-disabled person. Appellant is currently receiving MassHealth Standard coverage as an [REDACTED] individual; however, because Appellant's unemployment income exceeds program limits, coverage was terminated effective November 30, 2025. The MassHealth representative added that Appellant is eligible to enroll in a Connector Care plan.

Appellant testified that MassHealth should not terminate coverage because [REDACTED] a preexisting condition. Appellant verified household size, and unemployment income. Appellant added that his mortgage and HOA fees are more than \$4,000 per month and exceed his income, and that he cannot afford to pay health insurance premiums and medications.

## 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 is a household size of one non-disabled person.
3. Appellant returned a job update form on October 3, 2025.
4. Appellant receives unemployment income totaling \$1,051 weekly, which averages \$4,553.98 per month.
5. Appellant is currently receiving MassHealth Standard coverage as an [REDACTED].
6. Appellant is eligible to enroll in a Connector Care plan.
7. 100% of the federal poverty level for a household size of one person is \$1,305.
8. 133% of the federal poverty level for a household size of one person is \$1,735.

## 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) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003. Appellant did not testify to or document any of the allowable expenses under 506.003(D)<sup>1</sup>; however, Appellant can update

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<sup>1</sup> 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

changes in income 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). Unemployment benefits are considered countable income in determining MassHealth eligibility.<sup>2</sup> 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 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 and is a non-disabled household of one person.<sup>3</sup> Total

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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.

<sup>2</sup> See 130 CMR 506.003: Countable household 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). 130 CMR 506.003(B) Unearned Income.(1) Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return.(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

See also 130 CMR 506.004: Because of state or federal law the following types of income are noncountable in the determination of eligibility for individuals described at 130 CMR 506.002. Changes to state or federal law may affect whether the following remains noncountable: (A) TAFDC, EAEDC, or SSI income; (B) federal veteran benefits that are not taxable in accordance with IRS rules; (C) income-in-kind; (D) roomer and boarder income derived from persons residing in the applicant's or member's principal place of residence; (E) most workers' compensation income; (F) pretax contributions to salary reduction plans for payment of dependent care, transportation, and certain health expenses within allowable limits; (G) child support received; (H) alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018. For individuals with alimony agreements finalized on or before December 31, 2018, alimony continues to be included in the income of the recipient for the duration of the agreement unless or until the agreement is modified; (I) taxable amounts received as a lump sum, except those sums that are counted in the month received; in the case of lottery or gambling winnings, those sums that are counted in the month or months required under federal law, including the Tax Cut and Jobs Act of 2017, Public Law 115-97; (J) money received for acting as a Parent Mentor as defined under section 1397 mm(f)(5) of chapter 42 of the United States Code of the Social Security Act; (K) income received by independent foster-care adolescents described at 130 CMR 505.002(H): *Eligibility Requirements for Former Foster-care Individuals*; (L) income from children and tax dependents who are not expected to be required to file a tax return under *Internal Revenue Code*, U.S.C. Title 26, § 6012(a)(1) for the taxable year in which eligibility for MassHealth is being determined, whether or not the children or the tax dependents files a tax return; and (M) any other income that is excluded by federal laws other than the Social Security Act.

<sup>3</sup> The October 3, 2025 notice states that Appellant indicated a disability on his MassHealth application and a disability supplement was sent to him (Exhibit 1). Disability is established by (a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB); (b) a determination of disability by the SSA; or (c) a

weekly unearned household income is \$1,051 unemployment benefits per week, which equates to \$4,553.98 monthly income,<sup>4</sup> and 343.96% of the federal poverty level for MassHealth eligibility purposes [ $\$4,553.98 - \$65.25^5 = \$4,488.73$ ] [ $\$4,488.73 \div \$1,305 \times 100 = 343.96\%$ ]. MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of one [ $\$1,735$ ] making Appellant ineligible for MassHealth Standard under the category [REDACTED] Individual (130 CMR 505.002(G)).<sup>6</sup> 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.

The appeal is DENIED.

## Order for MassHealth

None, other than rescind aid pending protection.

## 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

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determination of disability by the Disability Evaluation Services (DES) (130 CMR 505.002(E)(2)).

<sup>4</sup>  $\$1,051 \times 4.333 = \$4,553.98$ .

<sup>5</sup> 5% of \$1,305.

<sup>6</sup>

[REDACTED]

[REDACTED] is younger than 65 years old;

(2) the individual has verified [REDACTED] by providing a letter from doctor, qualifying health clinic, laboratory, or [REDACTED] or organization. The letter must indicate the individual's name and their [REDACTED];

**(3) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);**

(4) 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*; and

(5) the individual does not meet the requirements for MassHealth Standard described at 130 CMR 505.002(B) through (E).

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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

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