

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2515511
Decision Date:	12/19/2025	Hearing Date:	11/20/2025
Hearing Officer:	Stanley Kallianidis		

Appellant Representative:

Pro Se

MassHealth Representative:

Chanthy Kong, Tewksbury



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Approved	Issue:	Income
Decision Date:	12/19/2025	Hearing Date:	11/20/2025
MassHealth Rep.:	Chanthy Kong	Appellant Rep.:	Pro Se
Hearing Location:	Tewksbury		

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 7, 2025, MassHealth planned to stop the appellant's MassHealth Care Plus benefits due to excess income (Exhibit 1). The appellant filed this appeal in a timely manner on October 21, 2025 (see 130 CMR 610.015(B) and Exhibit 2). The termination of assistance is valid grounds for appeal (see 130 CMR 610.032). The appellant was entitled to aid-pending benefits during the appeal process (Exhibit 3).

A hearing notice was sent to the parties on October 29, 2025 (Exhibit 4).

Action Taken by MassHealth

MassHealth planned to stop the appellant's MassHealth Care Plus benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant was ineligible for MassHealth Care Plus?

Summary of Evidence

The MassHealth representative testified that appellant was under 65 years of age at the time of re-determination and is a household size of one. MassHealth planned to stop his Care Plus benefits due to being over the income limits for the program.

The MassHealth representative stated that the appellant has monthly Social Security income of \$1,776.00. The appellant's income earnings put him over 133% of the federal poverty level for adults, which is \$1,735.00 monthly and which is the MassHealth Care Plus income limit.

The appellant testified that he cannot afford to enroll in the Connector due to the required copayments of the program. He did not dispute that the income amount attributed to him by MassHealth.

Findings of Fact

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

1. The appellant is an adult male under 65 years of age, and at the time of re-determination, was a household size of one (testimony).
2. The appellant has monthly Social Security income of \$1,776.00 (testimony).
3. The appellant is currently receiving MassHealth Care Plus (testimony).
4. The income limit for MassHealth Care Plus is \$1,735.00 (testimony).

Analysis and Conclusions of Law

505.008: MassHealth CarePlus (A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): MassHealth CarePlus and 130 CMR 508.000: MassHealth: Managed Care Requirements and must meet the following conditions. (a) The individual is an adult 21 through 64 years old. (b) 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. (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level. (d) The individual is ineligible for MassHealth Standard. (e) The adult complies with 130 CMR 505.008(C). (f) The individual is not enrolled in or eligible for Medicare Parts A or B.

Pursuant to 130 CMR 506.007, the MassHealth agency constructs a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage.

I have found that the appellant is an adult male under 65 years of age with monthly income of \$1,776.00. He is a household of one. The adult income limit for MassHealth for a household of one is 133% of the federal poverty level (\$1,735.00).

The appellant's modified adjusted gross income (MAGI) is determined by taking the countable income less deductions described in 130 CMR 506.003(D) (see 130 CMR 506.007).

(D) Deductions. The following are allowable deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) 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

I have found further that appellant has MAGI totaling \$1,776.00 as there were no allowable deductions.

506.007: Calculation of Financial Eligibility (A)(3): Five percentage points of the current federal poverty level (FPL) (\$65.00) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

Applying the 5% standard deduction leaves the appellant with countable income of \$1,711.00.

Since the appellant's countable monthly income of \$1,711.00 is less than the income limit for MassHealth Care Plus, the appellant continues to be eligible for the program.

The appeal is therefore approved.

Order for MassHealth

Rescind planned termination of the appellant's Care Plus benefits.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this notice, you should contact your local office. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings at the address on the first page of this decision.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc: Tewksbury MassHealth Enrollment Center