

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2515657
Decision Date:	12/3/2025	Hearing Date:	11/20/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherianne Paiva, Taunton 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 Eligibility – under 65; Income
Decision Date:	12/3/2025	Hearing Date:	11/20/2025
MassHealth’s Rep.:	Sherrienne Paiva	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	No

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 20, 2025, MassHealth notified the appellant that she does not qualify for MassHealth benefits because MassHealth determined that the appellant’s income exceeded the allowed threshold. However, the appellant was approved for Health Safety Net for eligible dental services as well as a ConnectorCare plan through the Massachusetts Health Connector. 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 23, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of an application or request for assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

Action Taken by MassHealth

MassHealth denied the appellant’s application for MassHealth benefits because her 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

Summary of Evidence

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

The MassHealth representative testified that the appellant is a tax filer who resides in a household of one. She was on MassHealth CarePlus from March 2015 to June 30, 2025. On October 20, 2025, the appellant updated her income and MassHealth manually verified her income as \$1,943.35 per month from employment. This figure equates to 144.01% of the federal poverty level (FPL) for a household of one which exceeds the limit for MassHealth benefits. The income limit to receive MassHealth benefits is \$1,735.00 per month for a household of one. As result, MassHealth notified the appellant that she does not qualify for MassHealth benefits. However, the appellant was approved for Health Safety Net for eligible dental services as well as a ConnectorCare plan through the Massachusetts Health Connector. The MassHealth representative added that on November 5, 2025, MassHealth mailed out an adult disability supplement form per the appellant's request.

The appellant confirmed her household size, employment, and income. She stated that she suffers from a heart condition and would like to keep her medical coverage until she is able to submit her adult disability supplement form. She confirmed that she has not been deemed disabled by any entity. The MassHealth representative responded that the appellant's MassHealth CarePlus ended on June 30, 2025, and she does not have a ConnectorCare plan.¹

Findings of Fact

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

1. The appellant is a tax filer who resides in a household of one. (Testimony).
2. The appellant was on MassHealth CarePlus from March 2015 to June 30, 2025. (Testimony and Exhibit 4).
3. On October 20, 2025, the appellant updated her income. (Testimony).

¹ The appellant explained that she appealed the termination notice she received in May 2025, but when she was called for the hearing, she was unable to participate because she was at work. She expressed confusion as to why she was marked as "did not appear" because she answered her phone.

4. The appellant's verified income is \$1,943.35 per month from employment. This figure equates to 144.01% of the FPL for a household of one. (Testimony and Exhibit 1).
5. The income limit for MassHealth benefits is \$1,735.00 per month for a household of one. (Testimony and Federal Poverty Guidelines).
6. On October 20, 2025, MassHealth notified the appellant that she does not qualify for MassHealth benefits because MassHealth determined that the appellant's income exceeded the allowed threshold. (Testimony and Exhibit 1).
7. The appellant was approved for Health Safety Net for eligible dental services as well as a ConnectorCare plan through the Massachusetts Health Connector. (Testimony and Exhibit 1).
8. The appellant filed this appeal in a timely manner on January 27, 2025. (Exhibit 2).
9. 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 adults², 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 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

² “[Y]oung adults” are defined as those aged 19 and 20. See 130 CMR 501.001.

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 she 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:

- (1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of
 - (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
 - (b) the taxpayer’s spouse, if living with him or her regardless of filing status;
 - (c) all persons the taxpayer expects to claim as tax dependents; and
 - (d) if any individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

See 130 CMR 506.002(B).

Here, the appellant verified that she lives in a household of one and is a tax filer. Thus, the appellant meets the MAGI rules for a household of one.

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 income³ for each person in that

³ Countable household income includes earned income which is the “total amount of taxable

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).

The appellant verified her income as \$1,943.35 per month. 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 one, 5 percentage points of the current FPL equals \$65.25 a month. After deducting five percentage points of the FPL from the appellant's total household income (\$1,943.35-\$65.25), the appellant's countable income equals \$1,878.10. The income limit for MassHealth CarePlus is 133% of the FPL, or \$1,735.00 per month for a household of one.

Accordingly, I find that MassHealth correctly denied the appellant's application for MassHealth benefits because her income exceeds the allowed threshold for MassHealth.

For the forgoing reasons, this appeal is 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

compensation received from work..." See 130 CMR 506.003(A).

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: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616