

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516078
Decision Date:	11/24/2025	Hearing Date:	11/20/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Michael Rossi, Quincy 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:	11/24/2025	Hearing Date:	11/20/2025
MassHealth’s Rep.:	Michael Rossi	Appellant’s Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South 4 (Telephone)	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 10, 2025, MassHealth informed the appellant that her coverage was being downgraded from MassHealth CarePlus to Health Safety Net because she no longer meets the income requirement for MassHealth CarePlus, and that her MassHealth CarePlus coverage was ending on October 1, 2025. *See* 130 CMR 505.002 and Exhibit 1. The appellant filed this appeal in a timely manner on October 24, 2025. *See* 130 CMR 610.015(B) and Exhibit 3. Termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth informed the appellant that her coverage was being downgraded from MassHealth CarePlus to Health Safety Net because she no longer meets the income requirement for MassHealth CarePlus, and that her MassHealth CarePlus coverage was ending on October 1, 2025.

Issue

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

Summary of Evidence

The appellant is an adult between the ages of 21 and 64 who resides in a household of one. The appellant appeared telephonically and verified her identity. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center, who also appeared telephonically. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative testified that on October 8, 2025, a MassHealth system match was performed on the appellant's account; this action found income information for the appellant that could not be electronically verified. As a result, the MassHealth system generated a job update notice, which was sent to the appellant on that same date. On October 10, 2025, the appellant called in to MassHealth customer service to update her income, which was verified through a system data match. On October 10, 2025, the appellant reported an income which is equal to a federal poverty level (FPL) of 236.10% or \$3,072.10 per month. Testimony. This exceeds the monthly income threshold for a household of one, and the notice on appeal was generated on that same day and sent to the appellant. The appellant called MassHealth again to report an income change on October 20, 2025; on that date, the amount that the appellant reported as her monthly income was \$2,762.33, or 206.81% of the FPL . This was also verified through a system data match. As a result of the appellant's call to MassHealth to update her income, a notice approving the appellant for Health Safety Net coverage as of October 1, 2025, was generated and sent to the appellant on October 20, 2025. See Exhibit 2.

The MassHealth representative testified that the appellant again called MassHealth customer service with another income update in early November 2025. As of the date of this hearing, the appellant's reported monthly income is \$2,513.14, which is equal to a FPL of 193%. The MassHealth representative confirmed that the appellant's current income was verified through a system data match. He noted that the appellant has not submitted proof of income to MassHealth, such as a paystub, but the income amounts she has reported have all been verified electronically. Based upon the income information that the appellant provided to MassHealth, she resides in a household of one and she currently has a monthly income that is \$2,513.14 or 193% of the FPL. In order for the appellant to qualify for MassHealth benefits, her monthly household income cannot exceed \$1,735.00 or 133% of the current FPL for a household of one. The appellant's monthly income exceeds this threshold. Testimony.

The appellant agreed that MassHealth has her correct income calculated correctly. She denied being pregnant or HIV positive or being diagnosed with any form of cancer. The appellant testified that she is a student with a lot of expenses. She pays out-of-state tuition for her schooling, her rent is very high, and food is very expensive. Additionally, she helps support a family member in her home state. If she added health insurance costs, her budget would be strained and it would be difficult for her to make ends meet. Furthermore, the appellant is confused with how MassHealth calculates monthly income. In the state that she previously lived in, she believes that her net income was used to calculate her eligibility for that state's Medicaid program. The MassHealth

representative confirmed that pursuant to federal law and MassHealth regulations, MassHealth uses a member's gross income to calculate their eligibility for MassHealth benefits; there are allowable deductions from gross income, but they do not include rent and tuition expenses. If the appellant has a change in income, she may report the income change to MassHealth at any time and her eligibility for MassHealth benefits will be redetermined at that time. He then stated that the appellant is eligible to enroll in a Health Connector plan. The appellant was urged to call the Health Connector and enroll in a plan as soon as possible.

Findings of Fact

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

1. The appellant is an adult between the ages of 21 and 64 who resides in a household of one. Exhibit 4, Testimony.
2. On October 10, 2025, MassHealth informed the appellant that her coverage was being downgraded from MassHealth CarePlus to Health Safety Net because she no longer meets the income requirement for MassHealth CarePlus, and her MassHealth CarePlus coverage was ending on October 1, 2025. Exhibit 1.
3. The appellant filed a timely appeal on October 24, 2025. Exhibit 2.
4. The appellant earns income that amounts to a monthly income of \$2,513.14. Testimony.
5. In 2025, a monthly income at 133% of the federal poverty level equates to \$1,735.00 for a household of one. Testimony, 2025 MassHealth Income Standards and Federal Poverty Level Guidelines.

Analysis and Conclusions of Law

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 for individuals who are under age 65 are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

(1) *MassHealth 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 (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) *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) *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
- (6) *MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In)* - for certain Medicare beneficiaries.

130 CMR 505.001(A) (emphasis added).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant is over the age of 21 but under 65, is not the caretaker of a minor child, and did not report any of the listed health conditions. Thus, as she does not belong to a category to qualify for MassHealth Standard, she meets the categorical requirements for MassHealth CarePlus. The question then remains as to whether she meets the income requirements to qualify.

An individual between the ages of 21 and 64 who does not qualify for MassHealth Standard is eligible for MassHealth CarePlus if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” 130 CMR 505.008(A)(2). To determine financial eligibility pursuant to 130 CMR 506.007, MassHealth must construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

- (1) Taxpayers Not Claimed as a Tax Dependent on Their 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 their spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
 - (b) the taxpayer’s spouse, if living with them 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.

Here, the appellant does not dispute that she resides in a household of one. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level

equates to a monthly income of \$1,735.00 or \$20,820.00 for the year. 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:

(A)(2)Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that 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(M).

(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.

....

(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) Multiply the annual 100% figure posted in the Federal Register by the applicable federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

The evidence indicates that the appellant currently has an average gross earned income of \$2,513.14 per month. For a household size of one, this places her at 193% of the FPL and therefore exceeds the regulatory income limit to qualify for MassHealth. Although the appellant presents sympathetic arguments regarding her cost of living, education expenses, and the financial needs of her family member, these factors are not considered when determining MAGI-based

eligibility, nor do they fall within any of the allowable deductions specified under 130 CMR 506.003(D).¹ Because the appellant's income exceeds the 133% FPL and there is no verified disability or other qualifying condition on file, she does not qualify for MassHealth benefits at this time. I find that MassHealth did not err in issuing the October 10, 2025, notice downgrading the appellant from MassHealth CarePlus to the Health Safety Net.

For the foregoing 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 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: Quincy MEC, Attn: Cassandra Moura, Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

¹ Examples of the allowable deductions listed include educator expenses, health savings account, alimony, student loan interest, individual retirement account, scholarships and awards, among other sources. See 130 CMR 506.003(D).