

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2516173
Decision Date:	12/2/2025	Hearing Date:	12/01/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kaila Keddie, 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

Appeal Decision:	DENIED	Issue:	Community Eligibility – under 65
Decision Date:	12/2/2025	Hearing Date:	12/01/2025
MassHealth’s Rep.:	Kaila Keddie	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 27, 2025, MassHealth denied the appellant’s application for MassHealth benefits because MassHealth determined that the appellant’s income exceeded the allowed threshold for MassHealth. See 130 CMR 506.007, 130 CMR 502.003, and Exhibit 1. The appellant filed this appeal in a timely manner on November 4, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant’s application for MassHealth benefits.

Issue

Whether MassHealth correctly determined that the appellant is not financially eligible for MassHealth benefits. See 130 CMR 506.007, 130 CMR 502.003.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The appellant appeared pro se and verified his 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. The appellant applied for MassHealth benefits and reported that his income is \$1,009.00 per week from unemployment benefits. This amount equates to \$4,371.99 per month. The income limit for MassHealth benefits is \$1,735.00 per month for a household of one. On October 27, 2025, MassHealth notified the appellant that he does not qualify for MassHealth benefits but that he may qualify for a ConnectorCare plan through the Massachusetts Health Connector. She added that the appellant is currently enrolled in a ConnectorCare plan.

The appellant confirmed his household size and monthly income. He stated that has not been deemed disabled. He argued that because he was incarcerated for number of months in 2025 and therefore did not collect unemployment benefits during that period, his total annual income for 2025 fell below the Federal Poverty Level (FPL) annual income allowance. As such, he should qualify for MassHealth benefits. Additionally, he stated that he has an outstanding student loan but confirmed that he is not currently making any payments.

The MassHealth representative responded that the relevant measure is his monthly income and regardless of the number of months he collected unemployment, his reported monthly income of \$4,371.99 exceeds the allowed threshold to qualify for MassHealth benefits.

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's income is \$1,009.00 per week from unemployment benefits. (Testimony and Exhibit 4).
3. This amount equates to \$4,371.99 per month.¹ (Testimony).
4. The income limit for MassHealth benefits is \$1,735.00 per month for a household of one. (Testimony and Federal Poverty Guidelines).
5. On October 27, 2025, MassHealth notified the appellant that he does not qualify for MassHealth benefits but that he may qualify for a ConnectorCare plan through the

¹ In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. See 130 CMR 506.007(A)(2)(c).

Massachusetts Health Connector. (Testimony and Exhibit 1).

6. The appellant filed this appeal in a timely manner on November 4, 2025. (Exhibit 2).
7. 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 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 between the ages of 21 and 65. He has not been deemed disabled and does not have any of the listed health conditions. As such, the appellant meets the categorical requirements for MassHealth CarePlus. See 130 CMR 505.001(A)(3). The question then becomes whether he 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

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

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 he 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, his MassHealth MAGI household income is determined in the following manner:

- (2)using the total of all countable monthly income³ 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(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).

³ “Countable household income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003 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 his income as \$1,009.00 per week which equals \$4,371.99 per month. The appellant argued that the total number of months in which he collected unemployment in 2025 should influence the income calculation. Contrary to the appellant's contention, the relevant measure for evaluating his income under the applicable regulations is based on his current monthly income which is undisputed. See id.

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 (\$4,371.99-\$65.25), the appellant's countable income equals \$4,306.74. The income limit for MassHealth CarePlus is 133% of the FPL, or \$1,735.00 per month for a household of one.

Additionally, 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 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.

See 130 CMR 506.003(D).

In this case, the appellant stated that although he has an outstanding student loan, he is not currently making any payments. As such, the allowed deduction for student loan interest is also inapplicable here. See 130 CMR 506.003(D)(10). Accordingly, I find that MassHealth correctly denied the appellant's application for MassHealth benefits because his 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 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: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290