

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2516233
<b>Decision Date:</b>	1/21/2026	<b>Hearing Date:</b>	12/09/2025
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se*

**Appearance for MassHealth:**  
Michael Rossi (Quincy 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>	1/21/2026	<b>Hearing Date:</b>	12/09/2025
<b>MassHealth's Rep.:</b>	Michael Rossi	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South	<b>Aid Pending:</b>	No

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

By notice dated October 25, 2025, MassHealth automatically renewed the appellant's eligibility for Health Safety Net Partial (HSN Partial). (See 130 CMR 502.001; 502.007; 506.007; Ex. 1). On November 4, 2025, the appellant timely filed this appeal challenging the determination that HSN Partial was the most comprehensive MassHealth coverage for which he was eligible. (See 130 CMR 610.015(B); Ex. 2). Determinations regarding the scope and amount of medical assistance, including determinations of benefit level, constitute valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth automatically renewed the appellant's eligibility for HSN Partial.

### Issue

The issue on appeal is whether MassHealth correctly determined, pursuant to 130 CMR 502.001; 502.007; and 506.007, that HSN Partial was the most comprehensive medical coverage for which the appellant was eligible.

## Summary of Evidence

MassHealth was represented by a Benefits Eligibility Representative from the Quincy MassHealth Enrollment Center (MEC). The appellant appeared and testified on his own behalf. Both parties appeared in person.

The MassHealth representative stated the following. The appellant is an individual under the age of [REDACTED] living in a household of one. (Testimony; Ex. 3). On August 22, 2025, MassHealth processed a walk-in job update for the appellant, after which the agency electronically verified the appellant's income from employment. (Testimony; Ex. 5). Based on that verified income, the appellant's income placed him at approximately 181% of the federal poverty level (FPL), which exceeded the income limit of 133% of the FPL for MassHealth CarePlus, the coverage the appellant was receiving at that time. (Testimony; Ex. 3; Ex. 5). As a result, MassHealth issued a notice dated August 22, 2025, informing the appellant that his CarePlus coverage would end on September 30, 2025 due to excess income. (Testimony; Ex. 5).<sup>1</sup> That notice also determined that the appellant was eligible for HSN Partial beginning August 1, 2025. (Testimony; Ex. 5). On October 25, 2025, MassHealth automatically redetermined the appellant's eligibility using the verified income data electronically. (Testimony). In connection with this redetermination, the MassHealth representative testified that the appellant's gross annual income was approximately \$59,000.00, substantially above the income limit for MassHealth CarePlus and consistent with the determination that the appellant's income exceeded 133% of the FPL. (Testimony). Based on that information, MassHealth renewed the appellant's eligibility for HSN Partial and issued a notice dated October 25, 2025 approving HSN Partial effective that same date. (Testimony; Ex. 1; Ex. 3).

The MassHealth representative also addressed matters related to the appellant's eligibility status and available coverage options. Prior to the hearing, the MassHealth representative attempted to contact the appellant to confirm whether the income information on file remained accurate but was unable to reach him. (Testimony). The MassHealth representative explained that MassHealth offered disability-based coverage without an income limit and that the appellant could pursue CommonHealth by submitting a completed MassHealth Adult Disability Supplement to Disability Evaluation Services (DES), subject to a likely low monthly premium if disability were established. (Testimony).

The appellant reported having mental health conditions, severe hypertension, and other extensive medical needs. (Testimony). He had applied for Social Security Disability benefits on multiple occasions and received denials despite submitting documentation of his mental health conditions. (Testimony). He continued working because he had no alternative means of financial support.

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<sup>1</sup> The August 22, 2025 notice is not subject to review in this appeal because the record does not show that the Board received an appeal of that notice within the time limits set forth in 130 CMR 610.015, and the appeal filed on November 4, 2025 was not timely as to that notice. The August 22, 2025 notice is referenced solely to provide context for the subsequent automatic renewal and the October 25, 2025 notice at issue.

(Testimony). He lived in a sober house, paid weekly rent, and struggled to meet basic living expenses, including food, transportation, and medical care. (Testimony). He received notice that MassHealth had ended his CarePlus coverage because his gross income exceeded the allowable limit, and he believed this determination was unfair because it did not account for taxes, rent, or medical expenses. (Testimony). After losing CarePlus coverage at the end of September 2025, he could no longer afford necessary medications or treatment. (Testimony). As a result, his mental health symptoms, including insomnia, nightmares, mood instability, and isolation, worsened due to his inability to obtain prescribed medications. (Testimony). He qualified for a Health Connector plan but could not afford the quoted monthly premium. (Testimony). He was willing to authorize the release of medical records and pursue a disability-based MassHealth option if available because he urgently needed stable health coverage. (Testimony).

## Findings of Fact

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

1. The appellant is an individual under the age of [REDACTED] living in a household of one. (Testimony; Ex. 3).
2. On August 22, 2025, MassHealth processed a walk-in job update for the appellant, through which the agency electronically verified the appellant's income from employment. (Testimony; Ex. 5).
3. At that time, the appellant's verified income placed him at approximately 181% of the FPL, exceeding the income limit for MassHealth CarePlus. (Testimony; Ex. 3; Ex. 5).
4. MassHealth issued a notice dated August 22, 2025, informing the appellant that his CarePlus coverage would end on September 30, 2025 due to excess income. (Testimony; Ex. 5).
5. The appellant did not appeal that notice (Testimony).
6. The August 22, 2025 notice determined that the appellant was eligible for HSN Partial effective August 1, 2025. (Testimony; Ex. 5).
7. On October 25, 2025, MassHealth automatically redetermined the appellant's eligibility based on electronically verified income data. (Testimony).
8. MassHealth issued a notice dated October 25, 2025 approving the appellant for HSN Partial effective that same date. (Testimony; Ex. 1; Ex. 3).
9. In issuing the October 25, 2025 determination, MassHealth relied on income information it verified electronically, which indicated that the appellant's income

exceeded the income limits for MassHealth coverage for his household size. (Testimony; Ex. 1; Ex. 3; Ex. 5).

10. The October 25, 2025 notice determined that HSN Partial was the most comprehensive MassHealth coverage for which the appellant was eligible based on the electronically verified income information available at that time. (Testimony; Ex. 1; Ex. 3).
11. The appellant has not been deemed disabled by the Social Security Administration or MassHealth.

## **Analysis and Conclusions of Law**

Financial eligibility for MassHealth coverage types determined under the MAGI household rules is based on the composition of the individual's household and the total countable income of that household, as defined by regulation. MassHealth constructs a household for each individual applying for or renewing coverage based on tax and familial relationships. (130 CMR 506.007(A)(1)). Eligibility is then determined using the total countable income of all individuals included in that household. (130 CMR 506.007(A)(2)). Countable income includes earned income, defined as taxable compensation received for work or services performed, less pretax deductions. (130 CMR 506.003(A)(1)).

When an individual applies for coverage, renews coverage, or has eligibility automatically redetermined, MassHealth is required to determine the coverage type providing the most comprehensive medical benefits for which the individual is eligible based on income information received and verified at that time. (130 CMR 502.001(A)(3)(c)1; 502.002). MassHealth must base this determination on electronically verified income data or information provided by the individual and available as of the date of the eligibility determination or automatic renewal. (130 CMR 502.001; 502.002; 502.003).

MassHealth CarePlus provides coverage for adults aged [REDACTED] whose household income does not exceed 133% of the FPL and who meet the other criteria set forth in 130 CMR 505.008. The appellant meets the categorical eligibility requirements for CarePlus. However, at the time of the August 22, 2025 income verification, MassHealth determined that the appellant's verified income placed him at approximately 181% of the FPL, exceeding the applicable income limit for CarePlus. At the hearing, the MassHealth representative testified that the appellant's gross annual income was approximately \$59,000.00, which further reflected income well above the CarePlus income threshold.

When MassHealth automatically redetermined the appellant's eligibility on October 25, 2025, it relied on electronically verified income information already on file and determined that the appellant remained over the income limit for CarePlus. Based on that determination, MassHealth concluded that HSN Partial was the most comprehensive coverage available to the appellant at that time. (130 CMR 502.001; 502.002; 505.008).

Although MassHealth informed the appellant of the availability of disability-based coverage, eligibility for such coverage requires a separate disability determination by Disability Evaluation Services. No such determination had been made as of the October 25, 2025 eligibility redetermination at issue. Accordingly, MassHealth was unable to approve disability-based coverage at that time. (130 CMR 502.001; 505.005).

The appellant did not dispute the income amount relied upon by MassHealth, but argued that the eligibility determination was unfair because it was based on gross income rather than net income after taxes and expenses. (Testimony). MassHealth correctly applied the governing regulations, which require eligibility determinations to be based on countable income as defined by regulation, rather than on net income or individual financial hardship.

Based on the verified income information available at the time of the automatic redetermination, MassHealth correctly determined that HSN Partial was the most comprehensive medical coverage for which the appellant was eligible. (130 CMR 502.001; 502.002; 506.007).

For the above reasons, the 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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc: Quincy MEC, Attn: Cassandra Moura, 100 Hancock Street, 6th Floor, Quincy, MA 02171