

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516250
Decision Date:	01/22/2026	Hearing Date:	12/12/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for MassHealth:

Via telephone:

Asia Brown, Charlestown 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:	Under 65; Income
Decision Date:	01/22/2026	Hearing Date:	12/12/2025
MassHealth's Rep.:	Asia Brown	Appellant's Rep.:	██████
Hearing Location:	Charlestown MassHealth Enrollment Center, 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 29, 2025, MassHealth informed the appellant that he was renewed for the Health Safety Net Partial (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 and/or scope of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth renewed the appellant for the Health Safety Net Partial.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant qualified for the Health Safety Net Partial and was ineligible for any other MassHealth benefits.

Summary of Evidence

The MassHealth representative testified as follows: on October 29, 2025, MassHealth informed the appellant, who is a tax filer under the age of 65 with a household size of one, that he was automatically renewed for the Health Safety Net Partial. He was not eligible for more comprehensive MassHealth benefits because he was over the allowable income limit. He had never previously been given a MassHealth benefit. MassHealth most recently verified his income over the phone on November 4, 2025. He has a gross annual income of \$36,000, which for a household of one is 224.89% of the Federal Poverty Level (FPL). The income limit to qualify for MassHealth benefits as a non-disabled adult under the age of 65 is 133% of the FPL, or \$1,735 gross monthly or \$20,820 gross annually, for a household of one. He is eligible for Connector Care plan with Advance Premium Tax Credit through the Health Connector.

The appellant testified that the income is accurate; however, his four children live with him full-time. Pursuant to his divorce agreement, he does not claim them on his tax return (his ex-wife does), but he does get the child care tax credit since they live with him. All the children are under the age of 18 and he was looking to be considered a household of five since they live with him full-time. The Health Connector plans are out of his budget even with the Advance Premium Tax Credit.

Findings of Fact

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

1. The appellant is a tax filer under the age of 65 (Testimony and Exhibit 4).
2. The appellant has four children under the age of 18 who live with him full-time, but he does not claim them on his tax return (Testimony).
3. On October 29, 2025, MassHealth informed the appellant that he was automatically renewed for the Health Safety Net Partial (Testimony and Exhibit 1).
4. On November 4, 2025, the appellant timely appealed the October 29, 2025 notice (Exhibit 2).
5. The appellant has a gross annual income of \$36,000, which for a household of one is 224.89% of the FPL (Testimony).
6. The income limit to qualify for MassHealth benefits as a non-disabled adult under the age of 65 is 133% of the FPL, or \$1,735 gross monthly or \$20,820 gross annually, for a household of one (Testimony).

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ 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) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) 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) Small Business Employee Premium Assistance for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) 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
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

The calculation of financial eligibility is set forth in 130 CMR 506.007 as follows:

The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

¹ "Young adults" is defined at 130 CMR 501.001 as those aged 19 and 20.

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(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(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.

(130 CMR 506.007(A)). Emphasis added.

130 CMR 506.002(B) states the following regarding MassHealth MAGI household composition:

(2) Individuals 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.

While the appellant has full-time custody of his children, per his divorce agreement he does not claim them on his tax returns. Unfortunately, there are no exceptions to account for this situation in the MassHealth regulations and, pursuant to 130 CMR 506.002(B), MassHealth correctly determined that the appellant has a household size of one. Categorically, as a parent of children under 19, the appellant is eligible for MassHealth Standard; however, under 130 CMR 505.002(C)(1), the income limit for that coverage type is 133% of the FPL. For a household of one, that limit is \$1,735 gross monthly or \$20,820 gross annually. The appellant's most recently verified gross annual income is \$36,000 or 224.89% of the FPL (229.89% less five percentage points, pursuant to 130 CMR 506.007(A)(3)). Based on this figure, he is over the income limit for MassHealth benefits and the MassHealth determination was correct.

For these reasons, the appeal is denied.²

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.

Alexandra Shube
Hearing Officer
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

² The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765) or inquiries concerning Health Safety Net to 877-910-2100.