

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2516348
<b>Decision Date:</b>	12/31/2025	<b>Hearing Date:</b>	12/04/2025
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Ariel Cooper, 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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Community Eligibility – under 65
<b>Decision Date:</b>	12/31/2025	<b>Hearing Date:</b>	12/04/2025
<b>MassHealth’s Rep.:</b>	Ariel Cooper	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	Yes

### 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 17, 2025, MassHealth notified the appellant that her MassHealth coverage would be ending effective on November 30, 2025, because MassHealth determined that the appellant’s income exceeded the allowed threshold for MassHealth. See 130 CMR 505.008; 130 CMR 506.003; 130 CMR 506.007; and Exhibit 1. The appellant filed this appeal in a timely manner on November 6, 2025. See 130 CMR 610.015(B) and Exhibit 2. Aid pending protection was put in place to protect the appellant’s benefits. Denial of assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

### Action Taken by MassHealth

MassHealth determined that the appellant does not qualify 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 506.007.

## 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 her identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is an adult under the age of 65 who resides in a household of one. The appellant was on MassHealth CarePlus as of November 22, 2022. In October 2025, MassHealth requested that the appellant submit a job update form. On October 10, 2025, the appellant submitted a job update form and four paystubs. Based on her submission, MassHealth determined that the appellant's income from employment is \$4,891.13 per month. This figure equates to 370.04% of the federal poverty level (FPL) for a household of one which exceeds the limit for MassHealth CarePlus. The MassHealth representative stated that the income limit to receive MassHealth CarePlus is 133% of the FPL, or \$1,735.00 per month. She added that the appellant self-attested to a disability on September 3, 2024, but that she had not submitted an adult disability supplement form. As such, the appellant has not been deemed disabled by MassHealth. Through a notice dated October 17, 2025, MassHealth notified the appellant that it would terminate her MassHealth coverage effective on November 30, 2025, because her income exceeded the allowed threshold.

The appellant confirmed her income and household size. She testified that she suffers from multiple sclerosis and should be deemed disabled. She acknowledged that she has not been deemed disabled by MassHealth or the Social Security Administration. The MassHealth representative stated that an adult disability supplement form will be mailed out to the appellant immediately.

## Findings of Fact

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

1. The appellant is under the age of 65 and resides in a household of one. (Testimony and Exhibit 4).
2. The appellant was on MassHealth CarePlus as of November 22, 2022. (Testimony and Exhibit 4).
3. On October 10, 2025, the appellant submitted a job update form and four paystubs to MassHealth. (Testimony).
4. The appellant's verified gross monthly income from employment is \$4,891.13 per month.

(Testimony).

5. According to the Federal Poverty Guidelines, 133% of the FPL is \$1,735.00 a month for a household of one. (Testimony and Federal Poverty Guidelines).
6. On October 17, 2025, MassHealth notified the appellant that her MassHealth coverage would be ending effective on November 30, 2025, because MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth. (Testimony and Exhibit 1).
7. The appellant filed this appeal in a timely manner on November 6, 2025. (Exhibit 2).
8. An aid pending protection was put in place to protect the appellant's benefits. (Testimony).
9. The appellant has not submitted a disability supplement form to MassHealth. (Testimony).
10. The appellant has not been determined 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.

These 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 adults<sup>1</sup>, disabled individuals<sup>2</sup>, 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,

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<sup>1</sup> “[Y]oung adults” are defined as those aged 19 and 20. See 130 CMR 501.001.

<sup>2</sup> “Disabled” is defined as having a permanent and total disability as determined by Disability Evaluation Services (DES). See 130 CMR 501.001; 42 U.S.C.A. § 1382c(a)(1), et seq.

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. She has not been deemed disabled by MassHealth or the Social Security Administration. As such, the appellant 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).

Once the individual’s household size is established, his/her MassHealth MAGI household income is determined in the following manner:

- (2) ....using the total of all countable monthly income<sup>3</sup> for each person in that

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<sup>3</sup> 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).

Thus, per MAGI rules as explained supra, the appellant lives in a household of one. She confirmed her total gross income to be \$4,891.13 per month.<sup>4</sup> Pursuant to 130 CMR 506.007(A), 5 percentage points of the current FPL is deducted to determine 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 (\$4,891.13-\$65.25), the appellant's countable income equals \$4,825.88 per month. The income limit for MassHealth CarePlus is 133% of the FPL, or \$1,735.00 per month for a household of one. Since the appellant's income exceeds 133% of the FPL, the appellant is not financially eligible for MassHealth CarePlus benefits.

For the foregoing reasons, MassHealth's action is upheld, and the appeal is DENIED.

## **Order for MassHealth**

Remove aid pending protection.

## **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

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

<sup>4</sup> In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. See 130 CMR 506.007(A).

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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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