

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2516590
<b>Decision Date:</b>	12/15/2025	<b>Hearing Date:</b>	December 10, 2025
<b>Hearing Officer:</b>	Brook Padgett		

**Appellant Representative:**

Pro se

**MassHealth Representative:**

Lisa Duffney, Springfield MEC



***Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
MassHealth  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171***

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility Under 65 Income 130 CMR 505.002
<b>Decision Date:</b>	12/15/2025	<b>Hearing Date:</b>	December 10, 2025
<b>MassHealth Rep.:</b>	L. Duffney	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield		

### Authority

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

### Jurisdiction

The appellant received a notice dated October 22, 2025 stating: You do not qualify for MassHealth benefits. (Exhibit 1).

The appellant filed an appeal timely on November 12, 2025. (130 CMR 610.015(B); Exhibit 2).

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined the appellant is over the income standard for MassHealth eligibility.

### Issue

Did MassHealth correctly determine the appellant's MassHealth eligibility?

## Summary of Evidence

The MassHealth representative testified that the appellant completed an application for MassHealth benefits on October 21, 2025 as a family unit of one. The appellant indicated he had a gross household income of \$1,680.00 every two weeks, for a total income of \$3,640.56 per month, which is 274.15% of the federal poverty level (FPL) for a household of one. To receive MassHealth benefits, gross income must be equal to or less than 133% of the FPL, or \$1,735.00 monthly. Since the appellant is over the income standard, he is ineligible for MassHealth, but he has been approved for ConnectorCare Type 2B coverage. The appellant was advised to contact the Health Connector with regard to their health insurance options.

The appellant responded that prior to his present job, he was working somewhere else and making a lot more money, but was receiving MassHealth. The appellant stated he understood the MassHealth regulations; however, he has to pay child support and many other bills so his income for a household of one is maybe \$1,000.00 and not \$3,600.00.

The hearing officer explained that MassHealth doesn't take deductions into account they determine eligibility by gross income.

The appellant responded that he has had MassHealth his entire life even when he has made substantially more income. MassHealth stated records indicate the appellant received MassHealth through the Department of Transitional Assistance (DTA) beginning 2019 with a reported \$0.00 income. The appellant continued to receive MassHealth during COVID; however, based on the most recent information, he is over the gross income standard for MassHealth as a household of one.

The appellant maintained he has never received any benefits through DTA. MassHealth advised the appellant to contact DTA if he had any question regarding his previous DTA eligibility.

## Findings of Fact

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

1. On October 21, 2025, the appellant applied for MassHealth as a household of one. (Testimony).
2. The appellant's gross monthly earnings are \$3,640.56. (Testimony).
3. 133% of the federal-poverty level for a family group size of one is \$1,735.00.
4. The appellant's income is equal to 274.15% of the federal poverty level.

## Analysis and Conclusions of Law

MassHealth is responsible for the administration and delivery of health-care services to eligible low- and moderate-income individuals, couples, and families under MassHealth (130 CMR 501.002(A)). MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits for an individual or family who may be eligible (130 CMR 501.003(A)). MassHealth formulates requirements and determines eligibility for all MassHealth coverage types (130 CMR 501.004(A)).

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) Standard -- for families (with minor children), pregnant women, children and disabled individuals, including extended benefits, and women with breast or cervical cancer;
- (2) Prenatal -- for pregnant women;
- (3) CommonHealth -- for disabled adults, disabled children, and certain individuals who are HIV positive, and not eligible for MassHealth Standard;
- (4) Family Assistance -- for children, certain employed adults, and certain individuals who are HIV positive, and are not eligible for MassHealth Standard or CommonHealth;
- (5) Basic or Buy-In -- for the long-term unemployed who have income at or below 100% of the federal poverty level, and who are receiving services or are on a waiting list to receive services from the Department of Mental Health (DMH), as identified by the DMH to the MassHealth, or for individuals or members of a couple who receive EAEDC cash assistance;
- (6) Essential -- for the long-term unemployed who have income at or below 100% of the federal poverty level and are not eligible for MassHealth Basic; and
- (7) Limited -- coverage for non-qualified aliens and certain qualified aliens.

The rules governing financial eligibility for MassHealth can be found at 130 CMR 506.000. These rules are based on the size of the family group and countable income (130 CMR 506.001(A)). In determining eligibility for MassHealth, the gross income of all family group members is counted and compared to an income standard based on the family group size (130 CMR 506.002).

The appellant's household gross income of \$3,640.56 is greater than 133% of the federal poverty level, of \$1,735.00 for a household of one therefore, the appellant is not eligible for MassHealth as he is over the income standard. (130 CMR 505.002).

The financial eligibility for various Health Connector plan types is determined by comparing the individual or family group's monthly gross income with the applicable income standard for the specific coverage type. Eligible individuals must have income that does not exceed 300% of the

federal poverty level (956 CMR 3.04). The appellant's household monthly gross income is 274.15% of the FPL and below the 300% FPL limit, therefore the appellant financially eligible for Commonwealth ConnectorCare plan Type 2B. (956 CMR 3.04).

MassHealth correctly determined the appellant's eligibility for MassHealth and Health Connector benefits, and this appeal must be 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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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth representative: Springfield MEC