

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516909
Decision Date:	12/22/2025	Hearing Date:	12/15/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jessica Ramirez

Interpreter:
Spanish



*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:	12/22/2025	Hearing Date:	12/15/2025
MassHealth's Rep.:		Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 10/17/2025, MassHealth informed the appellant that it decided she was not eligible for MassHealth benefits because the family has more countable income than MassHealth benefits allow. MassHealth informed the appellant that she was eligible for Health Safety Net and a Health Connector Plan (see 130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). The appellant filed this appeal in a timely manner on 11/17/2025 (see 130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's MassHealth benefits because her household's income exceeds the program limits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits because her income exceeds the program limits.

Summary of Evidence

Exhibits 1 - 3 were admitted into evidence. The appellant appeared at the fair hearing telephonically, as did the MassHealth representative.

The MassHealth representative testified that the appellant is between the ages of [REDACTED] and she lives in the community with her two children. She is part of a household of three people, including the children.

The appellant had previously been determined to be eligible for MassHealth benefits. On 10/17/2025, MassHealth received income verification from the appellant, showing she earns \$1,622.95 every two weeks (\$3,516.12 per month), which put the household of 3 over 133% of the federal poverty level (FPL) of \$2,954.00.

For a parent to be eligible for MassHealth, the family's gross monthly income cannot exceed 133% of the FPL, or \$2,954.00 per month. The appellant has not indicated that she has been determined to be disabled by Social Security or MassHealth, she has not indicated she is HIV positive, pregnant, or diagnosed with breast or cervical cancer. Because the income exceeds 133% of the FPL, the appellant is not eligible for MassHealth benefits. The MassHealth representative informed the appellant that if her income is different than what is on file, she can update her case at any time online, in person, or by telephone. The appellant was determined to be eligible for Health Safety Net and referred to the Health Connector.

The appellant appeared at the fair hearing telephonically and she testified with the assistance of a Spanish Language interpreter. She testified that she has food and clothing expenses and cannot afford to pay for a health connector plan.

Findings of Fact

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

1. Appellant is under [REDACTED] years of age and lives in the community with her two children. For the purposes of MassHealth eligibility, the appellant is a member of a household of three people. (Testimony).

2. Appellant's gross monthly income is \$3,516.12 per month (Testimony).
3. 133% of the federal poverty level for a household of three is \$2,954.00 as of 03/2025.
4. On 10/17/2025, MassHealth informed the appellant that it decided she was not eligible for MassHealth benefits because the family has more countable income than MassHealth benefits allow. MassHealth informed the appellant that she was eligible for Health Safety Net and a Health Connector Plan (Exhibit 1; Testimony).
5. The appellant filed this appeal in a timely manner on 11/17/2025 (Exhibit 2).
6. A fair hearing was held on 12/15/2025. All parties appeared telephonically (Exhibit 3).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) **MassHealth Standard** - for people who are pregnant, children, **parents** and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) 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 [REDACTED] years old 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, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, 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.

Regulations at 130 CMR 505.002(C) address MassHealth Standard benefit eligibility for parents, as follows:

(C) Eligibility Requirements for Parents and Caretaker Relatives.

- (1) A parent or caretaker relative of a child younger than [REDACTED] years old is eligible for MassHealth Standard coverage if

- (a) ***the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);***
 - (b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and
 - (c) 1. the parent lives with their children, and assumes primary responsibility for the child's care in the case of a parent who is separated or divorced, has custody of their children, or have children who are absent from home to attend school; or
2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care, if neither parent lives in the home.
- (2) The parent or caretaker relative complies with 130 CMR 505.002(M).

(Emphasis added.)

MassHealth determined that the appellant is not eligible for MassHealth benefits because the household's income exceeds the guidelines for that benefit. MassHealth determined that the appellant's gross monthly income from employment is \$3,516.12, based on the appellant's self-declaration. The family is counted as a household of three people. In order to be income-eligible for MassHealth Standard benefits, the family's gross monthly income must be less than 133% of the FPL, or \$2,954.00. The appellant did not dispute the income, as reported by MassHealth. MassHealth's determination that the appellant is a member of a household of three, with gross monthly income of \$3,516.12 is accurate. Accordingly, she has presented no information to show MassHealth's decision to deny her benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is therefore denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Health Connector questions can be addressed by calling 1-877-623-6765. Additionally, if the appellant's income or household size changes, he should contact MassHealth for a new determination of benefits.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

Cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957