

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517586
Decision Date:	01/02/2026	Hearing Date:	12/26/2025
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Jennifer Raymond via telephone

Interpreter:




*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; Income
Decision Date:	01/02/2026	Hearing Date:	12/26/2025
MassHealth's Rep.:	Jennifer Raymond	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton 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 November 13, 2025, MassHealth informed the appellant that he was not eligible for MassHealth because his household income exceeded the applicable limit. (See 130 CMR 506.007(B), 502.003, Exhibit. (Ex.) 1). The appellant filed this appeal in a timely manner on November 25, 2025. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for MassHealth coverage because his household income exceeded the income limits for MassHealth benefits.

Issue

The appeal issue is whether MassHealth correctly determined that the appellant was not eligible for MassHealth coverage because his household's income exceeded the income limits.

Summary of Evidence

MassHealth was represented by a Benefits Eligibility Representative from the Taunton MassHealth Enrollment Center. The appellant appeared on his own behalf. An interpreter assisted at the hearing. All participants attended the hearing by telephone.

The MassHealth representative testified to the following. The appellant is an individual under the age of 65 who is not currently receiving MassHealth benefits. (Testimony; Ex. 3). The appellant's household consists of the appellant and his spouse, who are joint tax filers. (Testimony). The appellant's spouse earns \$3,490.50 every two weeks, and the appellant has no income. (Testimony). MassHealth multiplied the spouse's biweekly earnings by 2.167 and determined that the household's gross monthly income (GMI) was \$7,563.91, equal to approximately 424.16% of the federal poverty level (FPL) for a household of two.¹ (Testimony). This level of income exceeds the income limits for any potentially applicable MassHealth coverage. (Testimony). As a result, neither household member is eligible for MassHealth coverage, and both instead qualify for coverage through the Health Connector, although neither is currently enrolled in a plan. (Testimony).

The MassHealth representative described the sequence of events that led to issuance of the notice under appeal. On November 13, 2025, the appellant went to the Springfield MassHealth Enrollment Center (MEC) in order to report that he had a disability. (Testimony). The person he spoke to at the MEC instructed the appellant to complete and submit an adult disability supplement to the Disability Evaluation Service (DES) so that his potential eligibility for certain MassHealth coverages could be assessed. (Testimony). A secondary consequence of that reported change was that MassHealth issued the denial notice dated November 13, 2025 based on excess income. (Testimony; Ex. 1).

The MassHealth representative explained that the denial concerned only the appellant's eligibility for MassHealth coverage types subject to income limits. (Testimony). She explained that adult disability supplements are submitted directly to DES and that MassHealth is not involved in, or privy to, the disability evaluation process. (Testimony). As a result, MassHealth could not confirm whether DES had received the appellant's disability supplement. (Testimony). She further explained that, until DES issues a determination, the only information available to MassHealth is whether a disability determination has been issued, and that no such determination had issued as of the hearing date. (Testimony).

The appellant testified about his medical condition, financial circumstances, and his uncertainty

¹The MassHealth representative did not specify whether the household income information was obtained through self-report, electronic data matching, or prior verification. Because the appellant did not dispute MassHealth's income calculation (see below), the existing record was sufficient to resolve the appeal without confirming the source of the income information or when MassHealth obtained that information.

about the status of his disability review. (Testimony). He stated that he has serious health problems, including back pain and pain throughout his body, and that he has difficulty moving his legs and hands. (Testimony). He testified that he submitted paperwork concerning his medical condition and was waiting for a disability determination but did not know when that decision would be made. (Testimony). He did not dispute the MassHealth representative's testimony regarding household income, confirming that he has no income of his own and acknowledging that his spouse's earnings are too high for MassHealth coverage. (Testimony). He further testified that his spouse pays all household expenses, including the mortgage, utilities, internet, and food, and he expressed concern about both his health and financial situation. (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 65 who was not receiving MassHealth benefits at the time the determination under appeal was issued. (Testimony; Ex. 3).
2. The appellant's household consists of the appellant and his spouse, and they file taxes jointly. (Testimony).
3. The appellant has no income. (Testimony).
4. The appellant's spouse earns \$3,490.50 every two weeks from employment. (Testimony).
5. MassHealth converted the spouse's biweekly earnings to a GMI of \$7,563.91 using its standard income-conversion methodology. (Testimony).
6. The household's GMI equals approximately 424.16% of the FPL for a household of two. (Testimony).
7. On November 13, 2025, the appellant went to the Springfield MEC to report that he had a disability. (Testimony).
8. At that time, the appellant was instructed to complete and submit an adult disability supplement to DES so that his potential eligibility for disability-related MassHealth coverage could be assessed. (Testimony).
9. Following the reported change on November 13, 2025, MassHealth issued the denial notice under appeal based on excess household income. (Testimony; Ex. 1).
10. The appellant did not dispute MassHealth's income calculation. (Testimony).
11. As of the hearing date, DES had not issued a disability determination for the appellant. (Testimony).

Analysis and Conclusions of Law

Financial eligibility for coverage types determined under the MassHealth MAGI household rules is based on comparing the household's countable income, after allowable deductions, with the applicable income standard for the specific coverage type. (130 CMR 506.007(A)). MassHealth will construct a household for each individual who is applying for or renewing coverage, and different households may exist within a single family depending on the family members' familial and tax relationships to each other. (130 CMR 506.007(A)(1)).

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 household. (130 CMR 506.007(A)(2)). Income of all household members forms the basis for establishing an individual's eligibility. (Id.). A household's countable income is the sum of the gross 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. (130 CMR 506.007(A)(2)(a)). Countable income includes earned income and unearned income. (not applicable in this appeal) less deductions. (130 CMR 506.007(A)(2)(b)). Earned income is the total amount of taxable compensation received for work or services performed, less pretax deductions, and may include wages, salaries, tips, commissions, and bonuses. (130 CMR 506.003(A)(1)).

In determining monthly income, MassHealth multiplies average weekly income by 4.333 and biweekly income by 2.167. (130 CMR 506.007(A)(2)(c)). Once MassHealth determines a household's countable income, it determines what percentage of the FPL that income represents and subtracts five percentage points. (130 CMR 506.007(A)(3)). This adjusted income is then compared to the FPL to determine the individual's eligibility. (Id.).

For an adult under age 65 in a MAGI household, MassHealth Standard, including eligibility categories for parents, caretaker relatives, and disabled adults, requires household income at or below 133% of the FPL. (130 CMR 505.002(C), (E)). Applying these standards to the facts found above, MassHealth correctly constructed a MAGI household of two and calculated the household's countable monthly income using the required biweekly-to-monthly conversion methodology. The household's income, derived solely from the appellant's spouse's earnings, equals approximately 424.16% of the FPL for a household of two even after application of the required 5% disregard.² That income level substantially exceeds the applicable income limits, and MassHealth's income-based denial was therefore correct.

The appeal is therefore DENIED.

² Pursuant to 130 CMR 505.008(A)(2)(c), the appellant is also income-ineligible to qualify for MassHealth CarePlus.

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780