

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2517702
<b>Decision Date:</b>	01/09/2026	<b>Hearing Date:</b>	12/29/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sherianne Paiva, Taunton 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; Income
<b>Decision Date:</b>	01/09/2026	<b>Hearing Date:</b>	12/29/2025
<b>MassHealth's Rep.:</b>	Sherrienne Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center (Telephone)	<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 November 3, 2025, MassHealth downgraded the Appellant's benefit from MassHealth CarePlus to Health Safety Net, effective December 31, 2025, on the grounds that the Appellant's income is too high. *See* 130 CMR 506.007(B), 130 CMR 502.003, and Exhibit 1. The Appellant filed this appeal in a timely manner on November 8, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth CarePlus benefit on the grounds that his income is too high.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008(A)(2)(c), in terminating the Appellant's MassHealth CarePlus based on his income.

## Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult between the ages of 21-64, a tax filer, and has a household size of one. The MassHealth representative testified that the Appellant's monthly income is \$2,166.55, which equals 161.12% of the 2025 federal poverty level for a household of one. The MassHealth representative testified that because his income is greater than 133% of the federal poverty level, he is not eligible for MassHealth CarePlus. The MassHealth representative testified that the Appellant is eligible for a partly-subsidized Connector Care Type 2B insurance plan. The MassHealth representative also encouraged the Appellant to submit a disability supplement to see if he may be eligible for MassHealth benefits regardless of income.

The Appellant verified his identity. The Appellant agreed with his income as testified to by MassHealth. The Appellant testified that he had a stroke, was hospitalized, and lost his job earlier [REDACTED]. The Appellant testified that he takes 8-10 medications daily. In his fair hearing request, the Appellant also mentioned that he would be interested in paying a fee to remain enrolled in his existing health insurance.

## Findings of Fact

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

1. The Appellant is adult between the ages of 21-64. Testimony, Exhibit 4.
2. The Appellant has a household size of one and his income is 161.12% of the 2025 federal poverty level. Testimony.
3. On November 3, 2025, MassHealth notified the Appellant that it was terminating his MassHealth CarePlus benefits, effective December 31, 2025, on the basis of income. Exhibit 1.
4. On November 8, 2025, the Appellant timely appealed to the Board of Hearings. Exhibit 2.

## Analysis and Conclusions of Law

As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (1) Standard for pregnant women, 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 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 ....

(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.

130 CMR 505.001(A).

To establish eligibility for MassHealth, applicants must meet both the categorical and financial requirements. To calculate financial eligibility, MassHealth regulations at 130 CMR 506.007 provide that:

(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(M).

(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.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

(1) Multiply the annual 100% figure posted in the *Federal Register* by the applicable federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

130 CMR 506.007.

The regulations for MassHealth CarePlus state:

(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): MassHealth CarePlus and 130 CMR 508.000: MassHealth: Managed Care Requirements and must meet the following conditions.

(a) The individual is an adult 21 through 64 years old.

(b) The individual is a citizen, as described in 130 CMR 504.002: U.S. Citizens, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): Qualified Noncitizens.

(c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

130 CMR 505.008(A).

To be eligible for MassHealth CarePlus, an individual's countable modified adjusted gross income

must be less than or equal to 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). Because the Appellant's income of 161.12% of the 2025 federal poverty level exceeds 133%, he is not financially eligible for CarePlus. *Id.* Accordingly, MassHealth did not err in issuing the November 3, 2025 notice and the appeal is denied.

While not the subject of this appeal, the Appellant may benefit from submitting a disability supplement to see if he would be eligible for MassHealth CommonHealth. He also may 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.

## **Order for MassHealth**

End aid pending.

## **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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Emily Sabo  
Hearing Officer  
Board of Hearings

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