

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2518171
Decision Date:	1/14/2026	Hearing Date:	01/07/2026
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jose Berrios, Springfield 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

Appeal Decision:	Denied	Issue:	Eligibility; Under 65; Over income
Decision Date:	1/14/2026	Hearing Date:	01/07/2026
MassHealth's Rep.:	Jose Berrios	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center Room 3 (Remote)	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 December 8, 2025, MassHealth notified the appellant that he does not qualify for MassHealth benefits because MassHealth determined that his household income is too high. (Exhibit 1). The notice further stated that the appellant is approved for Health Safety Net coverage. *Id.* The appellant filed this appeal in a timely manner on or about December 8, 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 notified the appellant that he does not qualify for MassHealth benefits because he is over the allowable income limits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant does not qualify for MassHealth benefits because he is over the allowable income limits.

Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing by telephone and testified as follows:

The appellant is between the ages of 21 and 64 and lives in a household of 2. On December 8, 2025, the appellant contacted MassHealth to update his household income information. On that same date, MassHealth notified the appellant that he does not qualify for MassHealth benefits because his household income is too high. (Exhibit 1). The appellant's gross monthly income for his household is \$3,640.56 per month from his spouse's employment, which equates to 201.56% of the federal poverty level (FPL). To be eligible for MassHealth benefits, an applicant's gross monthly income cannot exceed 133% of the FPL, which is \$2,345 for a household of 2. The MassHealth representative stated that the appellant reported having a potential disability, however, MassHealth has not received a determination from the Disability Evaluation Services (DES) unit. He suggested that the appellant contact DES to check on the status of his application.

The appellant did not dispute his spouse's income. He stated that he is a veteran and he is currently unemployed. As such, he cannot afford the costs of a health plan through the Health Connector. (Exhibit 2). He testified that it seems unfair to applicants that MassHealth factors in gross monthly income because the state and federal government automatically deduct taxes, which in turn lowers take-home pay. In response, MassHealth explained that pursuant to regulation, gross monthly household income must be factored in when determining eligibility. Here, because the appellant is legally married, MassHealth must consider his spouse's gross monthly income when determining his eligibility, in accordance with the regulations.

The appellant expressed his disappointment with the state and federal government. He explained that as a veteran who fought for this country, and who pays his bills every month, he wished there was more assistance provided. He explained that while the Department of Veterans Affairs (VA) assists veterans, that is not an option for him because he does not have a driver's license nor can he walk there. He explained that he has documentation indicating that he is permanently disabled, however, he needs assistance with completing the Adult Disability Supplement that he started filling out. (Exhibit 5). The appellant intends to have a medical provider assist him with doing so; the MassHealth representative explained the process once his Adult Disability Supplement is filled out and submitted to DES. Additionally, the MassHealth representative explained that if DES deems the appellant disabled, he may qualify for CommonHealth coverage.

Findings of Fact

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

1. The appellant is an adult between the ages of 21 and 64, and lives in a household of 2.
2. On December 8, 2025, the appellant contacted MassHealth to update his household income information.
3. On December 8, 2025, MassHealth notified the appellant that he does not qualify for benefits because his household income is too high.
4. The appellant's household monthly gross income from his spouse's employment amounts to \$3,640.56, which is equal to 201.56% of the FPL for a household of 2.
5. To qualify for MassHealth benefits, the appellant's household gross monthly income would have to be at or below 133% of the FPL, or \$2,345 for a household of 2.
6. The appellant is eligible for Health Safety Net coverage.
7. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

(1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults¹, 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 21 through 64 years of age who are not eligible for MassHealth Standard;

¹ “Young adults” are defined at 130 CMR 501.001 as those aged 19 and 20.

(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.

The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition*. 130 CMR 505.001(B).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, as an adult between the ages of 21 and 64, the appellant meets the categorical requirements for MassHealth CarePlus.² The question then remains as to whether he meets the income requirements to qualify.

An applicant is financially eligible for MassHealth CarePlus benefits if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” (130 CMR 505.002(C)(1)(a); 505.008(A)(2)(c)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing coverage. That regulation provides in relevant part as follows:

(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 woman described in 130 CMR 506.002(B)(1)(a) through

² The appellant may qualify for another MassHealth coverage type after he submits his disability supplement to DES, if he so chooses.

(c) is pregnant, the number of expected children.

In the present case, the appellant does not dispute that he resides in a household of 2.

130 CMR 506.007 describes how an applicant's modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

(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. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level 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) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.

(2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.

(3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is \$3,640.56.³ This amount exceeds 133% of the FPL for a household of 2, which is \$2,345.00. Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the regulations. This appeal is denied.⁴

³ In accordance with 130 CMR 506.003(A), countable income includes, in pertinent part, "the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses."

⁴ This decision does not preclude the appellant from directing any questions or inquiries concerning Health Safety Net coverage to 877-910-2100. Additionally, this denial does not preclude the appellant from completing an Adult Disability supplement and submitting it to DES to determine whether he qualifies for CommonHealth coverage, as discussed at the hearing.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc. MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104