

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2518661
<b>Decision Date:</b>	1/21/2026	<b>Hearing Date:</b>	01/15/2026
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Amarylis Garcia, 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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Community Eligibility – under 65; Income
<b>Decision Date:</b>	1/21/2026	<b>Hearing Date:</b>	01/15/2026
<b>MassHealth’s Rep.:</b>	Amarylis Garcia	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<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 December 9, 2025, MassHealth notified the appellant that her MassHealth CarePlus would be downgraded to Health Safety Net effective December 23, 2025, because MassHealth determined that the appellant’s income exceeded the allowed threshold for MassHealth benefits. See 130 CMR 505.008 and Exhibit 1. The appellant’s appeal was timely filed on December 16, 2025. See 130 CMR 610.015(B) and Exhibit 2. Aid pending protection was put in place to protect the appellant’s benefits. Any MassHealth decision to suspend, reduce, terminate, or restrict a member’s assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

### Action Taken by MassHealth

MassHealth downgraded the appellant’s benefits from MassHealth CarePlus to the Health Safety Net.

### Issue

Whether MassHealth was correct in downgrading the appellant’s benefits pursuant to 505.008(A)(2)(c) and 130 CMR 506.007(A).

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Springfield MassHealth Enrollment Center. The appellant appeared pro se and verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is a tax filer who resides in a household of one. Although she is married, she does not file taxes jointly with her spouse. She has been on MassHealth CarePlus since September 23, 2018. On December 9, 2025, the appellant updated her income and submitted paystubs. Based on her submission, her income was verified as \$2,350.00 per month from employment. This figure equates to 160.98% of the federal poverty level (FPL) for a household of one which exceeds the limit for MassHealth benefits. The income limit to receive MassHealth benefits is \$1,735.00 per month for a household of one. As result, MassHealth notified the appellant that her MassHealth CarePlus would be downgraded to Health Safety Net effective December 23, 2025, because MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth benefits. An aid pending protection was put in place to protect the appellant's benefits. On December 26, 2025, the appellant submitted an adult disability supplement form to the Disability Evaluation Services (DES). On January 12, 2026, DES mailed a letter requesting additional information from the appellant.

The appellant testified that she is married and lives together with her spouse. She stated that she has never filed taxes jointly with her spouse, but that MassHealth has always considered her a household size of two. She stated that she currently works 35 hours a week at the rate of \$17.10 per hour. She added that she was deemed disabled by the Social Security Administration in the year [REDACTED] but that her disability determination ceased in the year [REDACTED]. She acknowledged that she is not current deemed disabled by the Social Security Administration or DES.

The MassHealth representative responded that household size is determined based on whether spouses file taxes jointly. Because the appellant does not file taxes jointly with her spouse, MassHealth considers her a household of one. Based on the appellant's testimony, MassHealth updated her income and verified that the appellant's monthly income is \$2,593.30.

## Findings of Fact

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

1. The appellant is a tax filer who is married and lives with her spouse. (Testimony).
2. The appellant does not file taxes jointly with her spouse. (Testimony).

3. The appellant has been on MassHealth CarePlus since September 23, 2018. (Testimony and Exhibit 4).
4. On December 9, 2025, the appellant updated her income and submitted paystubs. (Testimony).
5. The appellant's verified income at the time of the submission was \$2,350.00 per month from employment. This figure equated to 160.98% of the FPL for household of one. (Testimony and Exhibit 1).
6. On December 9, 2025, MassHealth notified the appellant that her MassHealth CarePlus would be downgraded to Health Safety Net effective December 23, 2025, because MassHealth determined that the appellant's income exceeded the allowed threshold. (Testimony and Exhibit 1).
7. The appellant filed this appeal in a timely manner on December 16, 2025. (Exhibit 2).
8. An aid pending protection was put in place to protect the appellant's benefits. (Testimony).
9. On December 26, 2025, the appellant submitted an adult disability supplement form to DES. (Testimony).
10. On January 12, 2026, DES mailed a letter requesting additional information from the appellant. (Testimony).
11. The appellant has not been deemed disabled. (Testimony).
12. At the hearing, the appellant verified her income to be \$2,593.30<sup>1</sup> per month from employment. (Testimony).
13. The appellant's modified income is based on working 35 hours per week at the rate of \$17.10 per hour. (Testimony).

## **Analysis and Conclusions of Law**

Generally, MassHealth regulations at 130 CMR 505.000 explain the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements **and** financial standards.

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<sup>1</sup> In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. See 130 CMR 506.007(A).

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

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults<sup>2</sup>, 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) 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 of age 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, CommonHealth, or CarePlus;
- (5) MassHealth 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
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

In this case, the appellant is between the ages of [REDACTED]. Although, she has submitted an adult disability supplement form to DES, she has not been determined disabled by the Social Security Administration or DES. As such she meets the categorical requirements for MassHealth CarePlus. See 130 CMR 505.001(A)(3). The question then becomes whether she meets the income requirements to qualify.

An individual between the ages of [REDACTED] who is categorically eligible for MassHealth CarePlus can only be financially eligible if “the individual’s modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” See 130 CMR 505.008(A)(2)(c); <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>.

To determine financial eligibility pursuant to 130 CMR 506.007(A), MassHealth must construct a household as described in 130 CMR 506.002(B) for each individual who is applying for or renewing coverage. MAGI household composition rules used to determine member eligibility are the following:

- (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

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<sup>2</sup> “[Y]oung adults” are defined as those aged [REDACTED]. See 130 CMR 501.001.

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 individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

See 130 CMR 506.002(B).

Here, there is no dispute that the appellant is a married tax filer that does not file jointly with her spouse. However, she testified and the MassHealth representative did not dispute that she lives together with her spouse. The MassHealth representative contended that because she does not file taxes jointly with her spouse, her spouse would not be considered as part of her household. The MassHealth representative is mistaken. 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 the taxpayer; including the taxpayer's spouse, "if living with him or her regardless of filing status." See 130 CMR 506.002(B)(1)(b). As such, the appellant meets the MAGI rules for a household of two.

Once the individual's household size is established, her MassHealth MAGI household income is determined in the following manner:

(2) ....using the total of all countable monthly income<sup>3</sup> 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(K).

(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.

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<sup>3</sup> Countable household income includes earned income which is the "total amount of taxable compensation received from work..." See 130 CMR 506.003(A).

See 130 CMR 506.007(A).

At the hearing, the appellant testified that she works 35 hours per week at the rate of \$17.10 per hour. The MassHealth representative verified her income as \$2,593.30 per month. See 130 CMR 506.007(A)(2)(c)(in determining monthly income, the MassHealth agency multiplies average weekly income by 4.333). Per MAGI rules as explained supra, to determine eligibility of the individual under the coverage type with the highest income standard, five percentage points of the current FPL is subtracted from the applicable household's countable income. See 130 CMR 506.007(A)(3). For a household of two, 5 percentage points of the current FPL equals \$88.15 a month. After deducting five percentage points of the FPL from the appellant's total household income (\$2,593.30-\$88.15), the appellant's countable income equals \$2,505.15. The income limit for MassHealth CarePlus is 133% of the FPL, or \$2,345.00 per month for a household of two. The appellant's income exceeds this income limit.

Accordingly, I find that MassHealth correctly denied the appellant's application for MassHealth benefits because her income exceeds the allowed threshold for MassHealth.

For the forgoing reasons, this appeal is DENIED.

## **Order for MassHealth**

Remove aid pending protection.

## **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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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

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