

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2519252
<b>Decision Date:</b>	02/03/2026	<b>Hearing Date:</b>	01/29/2026
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Carmen Rivera, Quincy 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>	02/03/2026	<b>Hearing Date:</b>	01/29/2026
<b>MassHealth’s Rep.:</b>	Carmen Rivera	<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 16, 2025, MassHealth notified the appellant that her MassHealth CarePlus would be downgraded to Health Safety Net effective December 1, 2025, because MassHealth determined that the appellant’s income exceeded the allowed threshold for MassHealth benefits. The appellant was also deemed eligible for a ConnectorCare plan through the Massachusetts Health Connector. See 130 CMR 505.008 and Exhibit 1. The appellant’s appeal was timely filed on December 29, 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 Health Safety Net.

### Issue

Whether MassHealth correctly determined that the appellant is not eligible for MassHealth benefits pursuant to 130 CMR 505.008, 130 CMR 506.002, 130 CMR 506.005, and 130 CMR

506.007.

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Quincy 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. She has been on MassHealth CarePlus since December 3, 2024. On December 8, 2025 and January 25, 2026, the appellant updated her income by submitting her paystubs. MassHealth verified the appellant's income as \$1,134.48 biweekly from employment. This figure equates to 183.51% 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 133% of the FPL for a household of one. As a result, MassHealth notified the appellant that she does not qualify for MassHealth benefits. However, the appellant was approved for Health Safety Net for a limited time as well as deemed eligible for a ConnectorCare plan through the Massachusetts Health Connector.

The appellant confirmed her household size and employment. She stated that she is a part-time employee and as such the number of hours she works per week is subject to change. She testified that she works a maximum of 15 hours per week at the rate of \$24.00 per hour. She stated that she has many household expenses and she is unable to make ends meet.

The MassHealth representative responded that working 15 hours per week at the rate of \$24.00 per hour equals \$1,559.88 per month. As such, the appellant's income is now below the allowed threshold for MassHealth benefits which is \$1,735.00 per month for a household of one. She updated the system with the appellant's self-attested income and stated that the system now requires the submission of income verification in order to make a new determination. The appellant agreed to submit income verification.

## Findings of Fact

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

1. The appellant is a tax filer who resides in a household of one. (Testimony)
2. She has been on MassHealth CarePlus since December 3, 2024. (Testimony and Exhibit 4).
3. On December 8, 2025 and January 25, 2026, the appellant updated her income by submitting her paystubs. (Testimony).

4. The appellant's verified income at the time of submission was \$1,134.48 biweekly from employment. This figure equates to 183.51% of the FPL for a household of one. (Testimony).
5. The income limit to receive MassHealth benefits is 133% of the FPL, or \$1,735.00 per month for a household of one. (Federal Poverty Guidelines).
6. On December 16, 2025, MassHealth notified the appellant that her MassHealth CarePlus would be downgraded to Health Safety Net effective December 1, 2025, because MassHealth determined that the appellant's income exceeded the allowed threshold for MassHealth benefits. The appellant was also deemed eligible for a ConnectorCare plan through the Massachusetts Health Connector. (Testimony and Exhibit 1).
7. The appellant filed a timely notice of appeal on December 29, 2025. (Exhibit 2).
8. At the hearing, the appellant self-attested that she works a maximum of 15 hours per week at the rate of \$24.00 per hour. (Testimony).
9. The appellant's self-attested income is \$1,559.88 per month.<sup>1</sup> (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.

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 21 through 64 years of age who are not eligible for MassHealth Standard;

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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).

<sup>2</sup> “[Y]oung adults” are defined as those aged 19 and 20. See 130 CMR 501.001.

- (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 under the age of 65 and 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 21 and 64 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 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 tax filer who resides in a household of one. Thus, the appellant meets the MAGI rules for a household of one.

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.

See 130 CMR 506.007(A).

At the hearing, the appellant testified that as a part-time employee her income fluctuates. She testified that despite her submitted paystubs she usually works a maximum of 15 hours per week at the rate of \$24.00 per hour. The MassHealth representative calculated the appellant's attested monthly income as \$1,559.88 per month.<sup>4</sup> 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 one, 5 percentage points of the current FPL equals \$65.25 a month. After deducting five percentage points of the FPL from the appellant's self-attested income (\$1,559.88-\$65.25), the appellant's self-attested countable income equals \$1,494.63. The income limit for MassHealth CarePlus is 133% of the FPL, or \$1,735.00 per month for a household of one. See 130 CMR 505.008(A)(2)(c); <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>.

As such, the appellant's attested income is below the applicable standard. The MassHealth representative who updated the system with the appellant's self-attested income was unable to electronically verify the appellant's income during the hearing as the system required submission of income verification. As such, the verified income at the time of the hearing was

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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).

<sup>4</sup> In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. See 130 CMR 506.007(A).

above the applicable standard. Under such circumstances, the self-attested income can only be used if the difference between the two numbers is 10% or less. See 130 CMR 506.005(A)(2)(c); 130 CMR 506.005(A)(3)(emphasis added). Here, the difference between the appellant's self-attested income and her verified income is well over 10% ( $\$2,458.41 - \$1,494.63 = \$963.78$  /  $\$2,458.41 = .39 \times 100 = 39\%$ ) as required by the regulations. Accordingly, the verified income of \$2,458.41 per month will be used to determine eligibility.<sup>5</sup>

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 one, 5 percentage points of the current FPL equals \$65.25 a month. After deducting five percentage points of the FPL from the appellant's verified household income ( $\$2,458.41 - \$65.25$ ), the appellant's verified household income equals \$2,393.16 per month. Based on current MassHealth Income Standards and Federal Poverty Guidelines, the income limit for MassHealth CarePlus is 133% of the FPL, or \$1,735.00 a month for a household of one. Accordingly, I find that MassHealth correctly downgraded the appellant's MassHealth coverage because her income exceeds the allowed threshold for MassHealth.

For the forgoing reasons, this appeal is DENIED.

## **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.

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<sup>5</sup> The appellant's eligibility for MassHealth may be redetermined if and when she is able to submit the income verification requested by MassHealth. Any subsequent notices from MassHealth will carry their own appeal rights.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171