

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2600611
Decision Date:	2/11/2026	Hearing Date:	02/09/2026
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Chantal Centeio, 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

Appeal Decision:	Denied	Issue:	Community Eligibility-Under 65-Income
Decision Date:	2/11/2026	Hearing Date:	02/09/2026
MassHealth's Rep.:	Chantal Centeio	Appellant's Rep.:	Pro se
Hearing Location:	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 1, 2025, MassHealth notified Appellant that she is not MassHealth eligible due to income that exceeds program limits (130 CMR 505.001, 506.007 and Exhibit 1). Appellant filed this appeal in a timely manner on January 12, 2026 (130 CMR 610.015(B), 610.036 and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that Appellant is not MassHealth eligible due to income that exceeds program limits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 505.002, 506.007 in determining that Appellant is not MassHealth eligible due to income that exceeds program limits.

Summary of Evidence

The MassHealth representative testified that Appellant is a U.S. citizen between 21 and 65 years of age. Appellant is employed with verified annual income of \$42,906 which averages \$3,575 per month. Appellant added her spouse to her MassHealth household on November 4, 2025, and resides in a household size of 3 including her child. Appellant and her spouse file taxes jointly and claim Appellant's child as a tax dependent. Appellant is not disabled or pregnant. Appellant is not currently enrolled in MassHealth coverage and was determined ineligible because earned income exceeds program limits for a household of 3 which is \$2,954 per month. MassHealth sent to Appellant a request for proof of income which was due by February 2, 2026, and has not been returned. Appellant is eligible for Health Safety Net and to enroll in a Connector Care plan.

Appellant verified that MassHealth has correctly recorded her income, household size, and tax-filing status. Appellant testified that she has not updated her income to MassHealth. She added that her spouse had just started working, and she would fax paystubs to MassHealth.

Findings of Fact

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

1. Appellant is a U.S. citizen between 21 and 65 years of age.
2. Appellant is employed with verified annual income of \$42,906 which averages \$3,575 per month.
3. Appellant added her spouse to her MassHealth household on November 4, 2025, and resides in a household size of 3 including her child.
4. Appellant and her spouse file taxes jointly and claim Appellant's child as a tax dependent.
5. Appellant is not disabled or pregnant.
6. MassHealth sent to Appellant a request for proof of income which was due by February 2, 2026, and has not been returned.
7. Appellant is eligible to enroll in a Connector Care plan.
8. 100% of the federal poverty level for a household size of 3 is \$2,221.
9. 133% of the federal poverty level for a household size of 3 is \$2,954.

Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits. (130 CMR 501.003(A)). MassHealth offers several coverage types. (130 CMR 501.003(B)). The coverage type for which an individual is eligible is based on their income and circumstances (130 CMR 515.003(B)). Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) MassHealth Standard – for people who are pregnant, 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 (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;
- (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 rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households. Pursuant to 130 CMR 506.003, countable household 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. Appellant did not testify to or document any of the allowable expenses under 506.003(D)¹; however, Appellant can update

¹ See 130 CMR 506.003(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized

changes in income and applicable expenses to MassHealth at any time. Income of all household members forms the basis for establishing an individual's eligibility (130 CMR 506.007). Earned income is countable income in determining MassHealth eligibility (130 CMR 506.003(A)). The MassHealth agency multiplies average weekly income by 4.333 (130 CMR 506.007(A)(2)(c)). Five percent of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine the eligibility of the individual under the coverage type with the highest income standard (130 CMR 506.007(A)(3)). Appellant is between 21 and 65 years of age and is a non-disabled household of 3.² Total annual household income is \$42,906, which equates to \$3,575 monthly income and 155.96% of the federal poverty level for MassHealth eligibility purposes [$\$3,575 - \$111.05^3 = \$3,463.95$] [$\$3,463.95 \div \$2,221 \times 100 = 155.96\%$].⁴ MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of 3 [\$2,954] making Appellant ineligible for MassHealth Standard (130 CMR 505.002(C)). Because Appellant is not otherwise categorically eligible for a MassHealth coverage type, MassHealth correctly denied coverage. Appellant can direct any questions about the Health Connector to 1-877-623-6765 and Health Safety Net to 877-910-2100.

The 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

after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;

- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

² Eligibility for Appellant's child is not addressed here as the December 1, 2025 notice on appeal determined only Appellant's MassHealth eligibility.

³ 5% of \$2,221.

⁴ Household income will be higher when Appellant reports her spouse's income.

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Thomas J. Goode
Hearing Officer
Board of Hearings

Cc:

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