

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2600817
Decision Date:	02/12/2026	Hearing Date:	02/11/2026
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dominique Correa



*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:	02/16/2026	Hearing Date:	02/11/2026
MassHealth's Rep.:	Dominique Correa	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center	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 12/29/2025, MassHealth informed Appellant that it planned to terminate her MassHealth CarePlus benefits on 01/06/2026 because her income exceeds the program limits. Through the same notice, MassHealth informed Appellant she was eligible for Health Safety Net for a limited time and referred to the Health Connector (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). Appellant filed a timely appeal on 01/12/2026 (130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated Appellant's MassHealth CarePlus benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant is not eligible for MassHealth benefits.

Summary of Evidence

Both the MassHealth representative and Appellant appeared at the fair hearing telephonically. Exhibits 1-3 were marked as evidence.

The MassHealth representative testified that Appellant lives independently in the community. She is between the ages of 19 and 65 and she is counted as a household of 1 person. Since September 2025, Appellant was receiving MassHealth CarePlus benefits. On 11/18/2025, MassHealth mailed to Appellant a job update form that requests verification of Appellant's employment and income information. The job update form was due to be completed and returned to MassHealth by 12/18/2025. MassHealth did not receive a completed job update form from Appellant and on 12/29/2025, MassHealth informed the appellant that based on data matching services, her income exceeds the program limit for MassHealth CarePlus benefits. MassHealth informed Appellant that her MassHealth CarePlus benefits would be terminated on 01/06/2026.

Appellant was approved for Health Safety Net for a limited time and was referred to the Health Connector. She enrolled in a Health Connector Plan beginning on 02/01/2026.

Subsequent to the 12/29/2025 MassHealth termination notice, Appellant contacted MassHealth and provided verification that she is receiving unemployment benefits in the amount of \$1,000.00 per week, which is equal to \$4,333.00 per month. In order to be eligible for MassHealth CarePlus benefits, a member's income must be less than 133% of the federal poverty level (FPL), or \$1,735.00. Because Appellant's income exceeds 133% of the FPL, she is not eligible for MassHealth benefits.

Appellant testified that she suffered a serious accident on [REDACTED] [REDACTED] and required medical attention. Because her MassHealth benefits terminated on 01/06/2026, and she was not able to enroll in a ConnectorCare program until 02/01/2026, her medical bills were unpaid.

Appellant requested that MassHealth extend her CarePlus benefits until the end of January 2026.¹

Findings of Fact

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

1. Appellant is between the ages of 19 and 65 and she lives in the community. For the purposes of MassHealth eligibility, Appellant is counted as a household of one person (Testimony).

¹ Alternatively, Appellant requested that her ConnectorCare benefits be made retroactive to 01/01/2026; however, this appeal was filed with the Office of Medicaid Board of Hearings, not the Health Connector; it involves only MassHealth eligibility. The Health Connector has its own appeal process for ConnectorCare applicants and members.

2. In September 2025 Appellant was determined to be eligible for MassHealth CarePlus benefits (Testimony).
3. On 11/18/2025, MassHealth mailed to Appellant a job update form that requests verification of Appellant's employment and income information. The job update form was due to be completed and returned to MassHealth by 12/18/2025.
4. MassHealth did not receive a completed job update form from Appellant and, on 12/29/2025, MassHealth informed the appellant that based on data matching services, her income exceeds the program limit for MassHealth CarePlus benefits. MassHealth informed Appellant that her MassHealth CarePlus benefits would be terminated on 01/06/2026.
5. Appellant's MassHealth benefits terminated on 01/06/2026.
6. Appellant enrolled in a ConnectorCare plan with an effective start date of 02/01/2026.
7. Appellant incurred medical expenses during the lapse of coverage between 01/06/2026 and 02/01/2026.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (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 old 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.

Regulations at 130 CMR 505.008 address MassHealth CarePlus, as follows:

(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.

(Emphasis added.)

MassHealth determined that Appellant is not eligible for MassHealth benefits because her income exceeds the guidelines for that benefit. The termination notice dated 12/29/2025 was issued by MassHealth because a data match showed her income to be in excess of 133% of the federal poverty level.

Since 11/18/2025, MassHealth has been seeking to verify Appellant's income. MassHealth sent to her a job update form with instructions that it be completed and returned to MassHealth by 12/18/2025. It was not received by MassHealth by the deadline and MassHealth relied on data matches to calculate Appellant's income. Based on her income, MassHealth terminated her MassHealth benefits on 01/06/2026.

At hearing MassHealth testified that it received income verification from Appellant; however, her income exceeds the guideline of \$1,735.00. She remains ineligible for MassHealth CarePlus benefits. Appellant was notified that she was approved for Health Safety Net and referred to the Health Connector.

Appellant has presented no information to show MassHealth's decision to terminate her benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Additionally, if

her income or household size changes, she should contact MassHealth for a new determination of benefits.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

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