

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504841
Decision Date:	06/17/2025	Hearing Date:	04/30/2025
Hearing Officer:	Emily Sabo		

Appearances for Appellant:



Appearance for MassHealth:

Liz Nickoson, Taunton 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:	06/17/2025	Hearing Date:	04/30/2025
MassHealth’s Rep.:	Liz Nickoson	Appellant’s Reps.:	[REDACTED]
Hearing Location:	Taunton MassHealth Enrollment Center (Virtual)	Aid Pending:	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 March 17, 2025, MassHealth terminated the Appellant’s MassHealth benefits on the grounds that the Appellant’s income is too high, effective March 31, 2025. *See* 130 CMR 506.007(B), 130 CMR 502.003, and Exhibit 1. The Appellant filed this appeal in a timely manner on March 25, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the Appellant’s MassHealth benefits on the grounds that the Appellant’s household income is too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.003 and 130 CMR 506.007(B), in terminating the Appellant’s MassHealth coverage based on household income.

Summary of Evidence

The hearing was held virtually. The MassHealth representative testified that the Appellant is [REDACTED] and has a household size of three. The Appellant is a tax dependent who is claimed by his parents. The MassHealth representative testified that the household income is \$8,262.10/monthly, which is 365.23% of the federal poverty level for a household of three. The MassHealth representative testified that on March 14, 2025, MassHealth received notice that the Appellant's adult disability supplement was incomplete.

The Appellant verified his identity and was also represented by his mother. The Appellant's mother testified that her husband lost his job and does not live with them and is not part of the household. The Appellant's mother testified that the Appellant still has a disability and that he has had a disability since childhood. She testified that there were some issues with his disability supplement because he received diagnoses as a child, and so he does not have medical records related to it from the past year. The Appellant's mother also testified that the Appellant's primary insurance is Blue Cross Blue Shield.

Based on the testimony, the MassHealth representative testified that she adjusted the household size to two, consisting of the Appellant and his mother. The MassHealth representative testified that the Appellant's household income was then 215.6% of the federal poverty level for a household size of two, and that he still did not qualify for MassHealth.

Findings of Fact

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

1. The Appellant is [REDACTED]. Testimony, Exhibit 4.
2. The Appellant has a household size of two, and his household income is 215.6% of the federal poverty level. Testimony.
3. MassHealth does not have a record of the Appellant having a verified disability as an adult. Testimony.
4. On March 17, 2025, MassHealth notified the Appellant that it was terminating his MassHealth benefits, effective March 31, 2025, on the basis of income. Exhibit 1.
5. On March 25, 2025, the Appellant timely appealed the notice to the Board of Hearings. Exhibit 2.

Analysis and Conclusions of Law

As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

(1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ 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

(2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

(3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;

(4) 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) Small Business Employee Premium Assistance for adults or young adults

(6) 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

¹ "Young adults" is defined at 130 CMR 501.001 as those aged 19 and 20.

² 130 CMR 505.008(F) provides:

(F) Medically Frail. If an individual is determined medically frail or is an individual with special medical needs and has been determined to meet the eligibility criteria for MassHealth CarePlus as described in 130 CMR 505.008, the individual may elect at any time to receive MassHealth Standard benefits, as described in 130 CMR 505.002(J). If at any time after enrolling in MassHealth CarePlus an individual becomes medically frail or is determined to be medically frail, the individual may elect to receive MassHealth Standard benefits. The effective date of MassHealth Standard is the date of the reported change. To be considered medically frail or a person with special medical needs, an individual must be

- (1) an individual with a disabling mental disorder (including children with serious emotional disturbances and adults with serious mental illness);
- (2) an individual with a chronic substance use disorder;
- (3) an individual with a serious and complex medical condition;
- (4) an individual with a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or
- (5) an individual with a disability determination based on Social Security criteria.

130 CMR 505.008(F).

(7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

130 CMR 505.001(A).

To establish eligibility for MassHealth, applicants must meet both the categorical and financial requirements. To calculate financial eligibility, MassHealth regulations at 130 CMR 506.007 provide that:

(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.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income 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(M).

(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.

(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) Multiply the annual 100% figure posted in the *Federal Register* by the applicable

federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

130 CMR 506.007.

Here, because MassHealth does not have a record of the Appellant having a verified disability as an adult, he is not eligible for MassHealth Standard as a disabled adult or CommonHealth on the facts before me. To be eligible for MassHealth CarePlus, an individual's countable modified adjusted gross income must be less than or equal to 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). The Appellant's household income of 215.6% exceeds 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). As such, the Appellant does not meet the financial requirements to qualify for MassHealth CarePlus or MassHealth Standard as a medically frail individual. Therefore, MassHealth did not err in issuing the March 17, 2025, notice, and the appeal is denied.

Order for MassHealth

End Aid Pending.

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.

Emily Sabo
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780