

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505490
Decision Date:	06/27/2025	Hearing Date:	05/02/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



Appearances for MassHealth:

Jose Berios, Springfield MEC; Carmen Fabery,
Maximus Premium Billing



*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; Disability
Decision Date:	06/27/2025	Hearing Date:	05/02/2025
MassHealth's Rep.:	Jose Berios; Carmen Fabery	Appellant's Rep.:	██████
Hearing Location:	Springfield MassHealth Enrollment Center (Telephone)	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 February 13, 2025, MassHealth notified the Appellant that he did not qualify for MassHealth benefits, because he had past due premiums. Exhibit 1. The Appellant filed this appeal in a timely manner on April 4, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032. Prior to the hearing, on April 24, 2025, MassHealth approved the Appellant for MassHealth CommonHealth with a \$72/monthly premium. Exhibit 5. On April 25, 2025, MassHealth notified the Appellant that his coverage was being downgraded from MassHealth CommonHealth to Health Safety Net, effective May 31, 2025, due to him no longer meeting the disability requirement for the benefit. *Id.*; 130 CMR 505.002(E); 130 CMR 505.004.

Action Taken by MassHealth

MassHealth downgraded the Appellant's benefit from CommonHealth to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.004, in determining that the Appellant was no longer eligible for CommonHealth.

Summary of Evidence

The hearing was held by telephone. MassHealth was represented by an eligibility specialist and a premium billing specialist. The Appellant verified his identity. The Appellant testified that he has had MassHealth all his life and wanted to continue to receive it.

The MassHealth eligibility specialist testified that the Appellant is an adult between the ages of 21-64. The Appellant has a household of two, which includes the Appellant's minor child. The eligibility specialist testified that the child is eligible for MassHealth Family Assistance and that the Appellant is eligible for a Connector Care Type 2A Plan. The eligibility specialist testified that the Appellant's household income is \$4,333/month, which is more than 133% of the federal poverty level. The Appellant did not dispute his gross monthly income.

The eligibility specialist testified that the Appellant had previously received MassHealth CommonHealth but had not completed his disability review, which MassHealth sent on January 22, 2025, and so his disability indicator was removed. The eligibility specialist testified that he would send the Appellant a disability supplement to complete. The eligibility specialist testified that because the Appellant's MassHealth CommonHealth benefit was ending May 31, 2025, he should enroll in a Connector Care plan to begin June 1, 2025.

The premium billing specialist submitted information indicating that the Appellant paid the past due premiums on April 18, 2025. Exhibit 5.

Findings of Fact

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

1. The Appellant has a household size of two, including his minor child. Testimony.
2. The Appellant's monthly household income is \$4,333. Testimony.
3. The Appellant is an adult between the ages of 21-64. Testimony; Exhibit 4.
4. MassHealth testified that the Appellant did not complete his disability review, and so the Appellant's disability indicator was removed. Testimony.

5. On February 13, 2025, MassHealth notified the Appellant that he did not qualify for MassHealth due to past due premiums. Exhibit 1.
6. On April 4, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.
7. On April 18, 2025, the Appellant paid his past due premiums. Exhibit 5.
8. On April 24, 2025, MassHealth approved the Appellant for MassHealth CommonHealth with a \$72/monthly premium. Exhibit 5.
9. On April 25, 2025, MassHealth notified the Appellant that his coverage was being downgraded from MassHealth CommonHealth to Health Safety Net, effective May 31, 2025, due to him no longer meeting the disability requirement for the benefit. Exhibit 5.

Analysis and Conclusions of Law

MassHealth regulations provide:

505.002: MassHealth Standard

....

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of their children, or has children who are absent from home to attend school; or

2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

....

(E) Disabled Individuals.

(1) Disabled Adults. A disabled adult 21 through 64 years old or a disabled young adult 19 through 20 years old who does not meet the requirements described at 130 CMR 505.002(B)(3)(a)1. is eligible for MassHealth Standard coverage if they meet the following requirements:

- (a) the individual is permanently and totally disabled as defined in 130 CMR 501.001: Definition of Terms;
 - (b) the modified adjusted gross income of the MassHealth Disabled Adult household as described in 130 CMR 506.002(C): *MassHealth Disabled Adult Household* is less than or equal to 133% of the federal poverty level (FPL), or the individual is eligible under section 1634 of the Social Security Act (42 U.S.C. § 1383c) as a disabled adult child or as a disabled widow or widower, or is eligible under the provisions of the Pickle Amendment as described at 130 CMR 519.003: *Pickle Amendment Cases*;
 - (c) 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*; and
 - (d) the individual complies with 130 CMR 505.002(M).
- (2) Determination of Disability. Disability is established by
- (a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
 - (b) a determination of disability by the SSA; or
 - (c) a determination of disability by the Disability Evaluation Services (DES).
- (3) Extended MassHealth Eligibility. Disabled persons whose SSI disability assistance has been terminated and who are determined to be potentially eligible for MassHealth continue to receive MassHealth Standard until the MassHealth agency makes a determination of ineligibility.

130 CMR 505.002(C), (E).

505.004: MassHealth CommonHealth

(A) Overview.

- (1) 130 CMR 505.004 contains the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults.
- (2) Persons eligible for MassHealth CommonHealth coverage are eligible for medical benefits as described in 130 CMR 450.105(E): *MassHealth CommonHealth*.

(B) Disabled Working Adults. Disabled working adults must meet the following requirements:

- (1) be 21 through 64 years of age (for those 65 years of age or older, see 130 CMR 519.012: *MassHealth CommonHealth*);
- (2) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth's eligibility review;
- (3) be permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001: Definition of Terms;
- (4) be 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*;

- (5) be ineligible for MassHealth Standard; and
- (6) comply with 130 CMR 505.004(J).

(C) Disabled Adults. Disabled adults must meet the following requirements:

- (1) be 21 through 64 years old;
- (2) be permanently and totally disabled, as defined in 130 CMR 501.001: Definition of Terms;
- (3) be ineligible for MassHealth Standard;
- (4) be 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*;
- (5) (a) meet a one-time-only deductible in accordance with 130 CMR 506.009: The One-time Deductible; or
(b) have modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 200% of the federal poverty level (FPL) and provide verification that they are HIV positive; and
- (6) comply with 130 CMR 505.004(J).

....

(H) Determination of Disability. Disability is established by

- (1) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
- (2) a determination of disability by the SSA; or
- (3) a determination of disability by the Disability Evaluation Services (DES).

130 CMR 505.004(A), (B), (C), (H).

506.007: Calculation of Financial Eligibility

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.

(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(A), (B), (C).

Here, the Appellant does not dispute that his gross household income is \$4,333 monthly. For a household of two, 100% of the federal poverty level is \$1,763/month for 2025. Thus, the Appellant's income is 240.77% of the federal poverty level ($\$4,333 - \$88.15 = \$4,244.85 / 1763 = 240.77\%$). 130 CMR 506.007(A). Because his income is greater than 133% of the federal poverty level, he is not financially eligible for MassHealth Standard as a parent. 130 CMR 505.002(C)(1)(a).

Regarding the Appellant's eligibility for CommonHealth, MassHealth requires that disability be established by a certification of legal blindness by the Massachusetts Commission for the Blind, or a determination by the Social Security Administration or Disability Evaluation Services. 130 CMR 505.004(H); *see also* 130 CMR 505.002(E)(2). According to MassHealth's testimony, the Appellant did not complete a required disability review. The Appellant did not otherwise provide any verified disability determination from the Social Security Administration, Disability Evaluation Services, or the Massachusetts Commission for the Blind.¹ Therefore, the Appellant has not established that MassHealth erred in terminating his CommonHealth, and the appeal is denied.

Order for MassHealth

¹ If the Appellant completes a disability supplement and disagrees with a determination by the Disability Evaluation Services, he may also appeal that determination of disability.

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.

Emily Sabo
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104

cc: Maximus Premium Billing