

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2505875
<b>Decision Date:</b>	7/2/2025	<b>Hearing Date:</b>	5/28/2025
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Dominique Correa, Springfield MEC  
Roxana Noriega, Premium Assistance



*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
<b>Decision Date:</b>	7/2/2025	<b>Hearing Date:</b>	5/28/2025
<b>MassHealth's Reps.:</b>	Dominique Correa, Roxana Noriega	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield (virtual)	<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

By notice dated April 2, 2025, MassHealth notified Appellant that the Standard benefit would end effective May 31, 2025. By notice dated April 8, 2025, MassHealth notified Appellant that she was not eligible for benefits due to income. Exhibit 1. Appellant filed this appeal in a timely manner on April 11, 2025 and was eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination and/or denial of assistance is a valid basis for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth notified Appellant that the Standard benefit would end effective May 31, 2025.

### Issue

The appeal issue is whether MassHealth was correct in determining that Appellant's income is too high to qualify for benefits.

### Summary of Evidence

MassHealth was represented at remote hearing by an eligibility representative and a Premium Assistance (PA) representative. Appellant appeared by phone. A summary follows.

Appellant is in a household of two with her dependent. On March 5, 2024, MassHealth determined that Appellant qualified for extended eligibility for MassHealth Standard (referred to by MassHealth as Transitional Medical Assistance or TMA) through March 31, 2025. On February 19, 2025, Premium Assistance mailed an action-needed notice notifying Appellant that she must enroll in employer sponsored insurance (ESI) by April 20, 2025. On February 22, 2025, MassHealth sent Appellant a TMA change notice with a due date of March 31, 2025. On February 24, 2025, Appellant called and completed the TMA form by phone, resulting in another MassHealth Standard approval notice dated February 24, 2025, as the TMA was still active.

On April 2, 2025, MassHealth performed a batch redetermination and notified Appellant that her MassHealth Standard would end effective May 31, 2025 because her income was too high. Exhibit 1. An automatic renewal done on April 8, 2025 resulted in a denial notice due to income. *Id.* On April 11, 2025, Appellant called again and updated her income and reported that she had enrolled in ESI. Based on the income update, MassHealth calculated Appellant's household income to be 212% of the federal poverty level (FPL). MassHealth sent a request for information (RFI) on April 11, 2025 seeking proof of income due July 10, 2025. This RFI is still pending for MassHealth to determine eligibility. On April 24, 2025, Appellant updated income. On April 30, 2025, Premium Assistance issued the approval notice. As of April 30, 2025, MassHealth calculated Appellant's income at 179% of the FPL.

Appellant testified that she appealed MassHealth's April 2, 2025 and April 8, 2025 notices for two reasons. First, she was waiting for Disability Evaluation Services (DES) to decide her disability supplement application. Second, she wanted confirmation of whether she would have MassHealth as secondary coverage to her ESI, as there was a deductible and copays with the ESI plan. Appellant also wanted to keep dental benefits through MassHealth. Appellant testified that she will fax her proof of income to MassHealth.

The MassHealth representative testified that Appellant's income at 179% was too high to qualify for MassHealth without a disability determination. Appellant's dependent is currently eligible for MassHealth CommonHealth and Premium Assistance reimbursement of Appellant's required employee contribution to ESI. Appellant, upon being determined eligible for MassHealth, will have Premium Assistance and MassHealth as secondary coverage to Appellant's ESI which will go towards Appellant's co-pays or deductible costs.

At hearing, Appellant requested aid pending benefits pursuant to 130 CMR 610.036. Aid pending protection was applied to maintain Appellant's MassHealth Standard coverage pending the outcome of the appeal.

## Findings of Fact

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

1. Appellant is in a household of two and is under 65.
2. On March 5, 2024, MassHealth determined that Appellant qualified for TMA through March 31, 2025.
3. On February 19, 2025, Premium Assistance mailed an action-needed notice notifying Appellant that she must enroll in ESI by April 20, 2025.
4. On February 22, 2025, MassHealth sent Appellant a TMA change notice with a due date of March 31, 2025.
5. On February 24, 2025, Appellant called and completed the TMA form by phone, resulting in a MassHealth Standard approval notice dated February 24, 2025.
6. On April 2, 2025, MassHealth performed a batch redetermination and notified Appellant that her MassHealth Standard would end effective May 31, 2025 because her income was too high. Exhibit 1.
7. An automatic renewal done on April 8, 2025 resulted in a denial notice due to income. *Id.*
8. On April 11, 2025, MassHealth sent an RFI seeking proof of income due July 10, 2025.
9. On April 30, 2025, Premium Assistance issued an approval notice.
10. As of April 30, 2025, MassHealth calculated Appellant's income at 179% of the FPL.
11. Appellant's dependent is disabled and eligible for CommonHealth.
12. In 2025, the monthly FPL for a household of two was \$1,763; 133% of the FPL was \$2,345.

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and

financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (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 – for certain Medicare beneficiaries.

130 CMR 505.001(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. MassHealth determines financial eligibility based on an applicant's modified adjusted gross income. MassHealth takes the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) and subtracts deductions described in 130 CMR 506.003(D). 130 CMR 506.007. Per 130 CMR 506.003, the regulatory definitions of earned income, unearned income and deductions are as follows:

(A) Earned Income.

- (1) Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.
- (2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.
- (3) Earned income from S-Corporations or Partnerships is the total amount of taxable annual profit (or loss) after deducting business expenses listed or allowable on a U.S. Individual Tax Return.

(4) Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination.

(B) Unearned Income.

(1) Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return.

(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

(C) Rental Income. Rental income is the total amount of taxable income less any deductions listed or allowable on an applicant's or member's U.S. Individual Tax Return.

(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 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.

An adult under the age of 64 is eligible for MassHealth Standard as a disabled adult if the monthly household income is less than or equal to 133% of the FPL. 130 CMR 505.002(E)(1)(b). Disabled adults whose income is greater than 133% of the FPL may be eligible for CommonHealth. 130 CMR 505.004(C). MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c). Applicants and members are required in certain circumstances to enroll in available health insurance to maintain eligibility for MassHealth Standard or CommonHealth. See 130 CMR 505.002(M) and 505.004(J).

MassHealth allows for the continuation of benefits following an increase in household income under the following circumstances:

(3) Members of a MassHealth MAGI household who receive MassHealth Standard (whether or not they receive TAFDC<sup>1</sup>) and have earnings that raise the MassHealth MAGI household's modified adjusted gross income above 133% of the federal poverty level (FPL) continue to receive MassHealth Standard for a full 12-calendar-month period that begins with the date on which the members MAGI exceeds 133% of the federal poverty level (FPL) if

- (a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;
- (b) a parent or caretaker relative continues to be employed;
- (c) the parent or caretaker relative complies with 130 CMR 505.002(M); and
- (d) the member is a citizen or a qualified noncitizen.

(4) MassHealth independently reviews the continued eligibility of the TAFDC, EAEDC<sup>2</sup>, and MassHealth MAGI households at the end of the extended period described in 130 CMR 505.002(L)(1) through (3).

(5) If an individual in a MassHealth MAGI household who receives MassHealth under 130 CMR 505.002(L)(1) or (2) had income at or below 133% of the FPL during their extended period, and now has income including earnings that raise the MassHealth MAGI modified adjusted gross income above that limit, the MassHealth MAGI household is eligible for another full 12-calendar-month period that begins with the date on which the member's MAGI exceeds 133% of the federal poverty level (FPL) if

- (a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;
- (b) a parent or caretaker relative continues to be employed; and
- (c) the parent or caretaker relative complies with 130 CMR 505.002(M).

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<sup>1</sup> Transitional Aid to Families with Dependent Children. 130 CMR 505.002(A)(3).

<sup>2</sup> Emergency Aid to the Elderly, Disabled and Children. 130 CMR 505.002(A)(4).

(6) If a MassHealth MAGI household's modified adjusted gross income decreases to 133% of the FPL or below during its extended eligibility period, and the decrease is timely reported to MassHealth, the MassHealth MAGI household's eligibility for MassHealth Standard may be redetermined. If the MassHealth MAGI household's gross income later increases above 133% of the FPL, the MassHealth MAGI household is eligible for a new extended eligibility period.

130 CMR 505.002(L).

At 179% of the FPL, Appellant's income is too high to qualify for MassHealth Standard. Appellant may be eligible for CommonHealth if DES determines that she meets the disability criteria. Appellant was continuously eligible for a one-year period from March 2024 through March 2025 pursuant to 130 CMR 505.002(L)(3). There was no evidence presented demonstrating that Appellant's income had fallen below 133% of the FPL during the TMA period. MassHealth did not err in terminating this coverage based on 130 CMR 505.002(L). Accordingly, this appeal is denied.

## **Order for MassHealth**

None, except to remove 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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186