

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2506122
<b>Decision Date:</b>	9/4/2025	<b>Hearing Date:</b>	07/17/2025
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Carmen Rivera, Quincy



*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>	Eligibility – Under 65
<b>Decision Date:</b>	9/4/2025	<b>Hearing Date:</b>	07/17/2025
<b>MassHealth's Rep.:</b>	Carmen Rivera	<b>Appellant's Rep.:</b>	Pro se; Parent
<b>Hearing Location:</b>	Quincy Harbor South Telephonic		

### 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 4/4/25, MassHealth notified the appellant that he was terminated from MassHealth as of 4/18/25 because MassHealth determined that his income is too high for MassHealth. (130 CMR 506.007 and Exhibit 1). The appellant filed this appeal in a timely manner on 4/17/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth effective 4/18/25.

### Issues

The issue is whether MassHealth was correct, pursuant to 130 CMR 506.001 *et seq.*, in determining that the appellant was over the income limit for MassHealth.

### Summary of Evidence

The MassHealth representative testified that on 7/11/25, the appellant was no longer determined disabled by Disability Evaluation Services (DES). The MassHealth representative testified that without a disability determination, the appellant is over the income limit for MassHealth. The MassHealth representative testified that the appellant is in a household of five, is under the age of [REDACTED] and is claimed as a tax dependent. The MassHealth representative testified that the appellant's household gross income is 361.74% of the 2025 Federal Poverty Level (FPL), which makes him no longer eligible for MassHealth. The appellant's annual household income from all five members was reported as \$141,558, which is \$11,796.50 monthly. The annual income limit for MassHealth is 133% of the FPL, which is \$50,047.50 and \$4,173 monthly. The MassHealth representative testified that the appellant could appeal the DES determination separately if he feels it is incorrect.

The appellant's parent testified that the appellant was diagnosed with Type 1 diabetes five years ago. The appellant's parent believes the appellant should be determined disabled. The appellant's parent testified that the family owns a restaurant where the whole family works. The appellant's parent testified that the appellant works part-time and is also a college student.

## Findings of Fact

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

1. On 7/11/25, the appellant was no longer determined to be disabled by DES.
2. Without a disability determination, the appellant is over the income limit for MassHealth.
3. The appellant is in a household of five, is under the age of [REDACTED] and is claimed as a tax dependent.
4. The appellant's household gross income is 361.74% of the 2025 FPL.
5. For persons under age [REDACTED] the annual income limit for MassHealth is 133% of the FPL, which is \$50,047.50 and \$4,173 monthly.
6. The appellant's household income from all five members was reported as \$141,558, \$11,796.50 monthly.
7. The appellant was diagnosed with Type 1 diabetes five years ago.
8. The appellant is also a college student.

## Analysis and Conclusions of Law

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 lists the different MassHealth coverage types.

(A) 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 [REDACTED] 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.

(emphasis added)

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000. The financial eligibility for various MassHealth coverage types is determined by comparing the family group's monthly gross income with the applicable income standards for the specific coverage. (130 CMR 506.007(A)). The income limit for MassHealth Standard is less than or equal to 133% of the federal poverty level. (130 CMR 505.008 (A)(2)(c)). The appellant is in a household of 5, and has a gross monthly income of \$11,796.50, which is 361.74% of the 2025 FPL. As such, the appellant is over the income limit for MassHealth Standard.

The MassHealth CommonHealth program is for individuals who are determined to be disabled by DES and are over the income limit for Standard. Since DES determined the appellant is no longer disabled, he does not qualify for CommonHealth.

MassHealth's decision was correct.

This appeal is therefore **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 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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Christine Therrien  
Hearing Officer  
Board of Hearings

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