

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506687
Decision Date:	07/18/2025	Hearing Date:	05/29/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Ariel Cooper, Tewksbury



*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:	Eligibility, Under 65
Decision Date:	07/18/2025	Hearing Date:	05/29/2025
MassHealth's Rep.:	Ariel Cooper	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center 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 dated 3/21/25, MassHealth notified the appellant that her MassHealth Standard benefits would be downgraded as of 3/11/25 to CommonHealth because MassHealth determined that her income is too high for MassHealth Standard. (130 CMR 506.007 and Exhibit 1). The appellant filed this appeal in a timely manner on 4/28/25. (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 downgraded the appellant's MassHealth Standard to CommonHealth effective 3/11/25.

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 Standard.

Summary of Evidence

The appellant is a single individual under the age of 65. The MassHealth representative testified that MassHealth electronically verified the appellant's income of \$1,809.25 per month from Social Security and rental income.¹ The MassHealth representative testified that the appellant's gross income is 133.73% of the 2025 Federal Poverty Level (FPL), which makes her no longer eligible for MassHealth Standard and now eligible for MassHealth CommonHealth because she has a verified disability. The CommonHealth benefit has no monthly premium.

The appellant testified that she has not looked at the health plans available under CommonHealth, but her providers do not accept CommonHealth.

Findings of Fact

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

1. The appellant is a single individual under the age of 65, with a verified disability.
2. MassHealth electronically verified the appellant's income of \$1,809.25 per month from Social Security and rental income.
3. Through a notice dated 3/21/25, MassHealth notified the appellant that her MassHealth Standard benefits would be downgraded as of 3/11/25 to CommonHealth because MassHealth determined that her income is too high for MassHealth Standard.
4. The appellant filed a timely appeal with the Board of Hearings.
5. The appellant's gross income is 133.73% of the 2025 FPL.
6. The CommonHealth benefit has no monthly premium.

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,

¹ Annual income is \$21,711: \$17,796 from Social Security and \$3,915 from rental.

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.

(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)). 133% of the 2025 FPL for a household of one equals \$1,735 per month. The appellant is single, between 19 and 64 years of age, and has a gross monthly income of \$1,809.25 as reported by the Social Security Administration, which is 133.73% of the 2025 FPL. As such, the appellant is over the income limit for MassHealth Standard and MassHealth CarePlus.

As a disabled individual, the appellant is eligible for CommonHealth, with no monthly premium.

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.

Christine Therrien
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center