

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2506968
<b>Decision Date:</b>	6/20/2025	<b>Hearing Date:</b>	06/09/2025
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Danielle Syrek



*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 - Income
<b>Decision Date:</b>	6/20/2025	<b>Hearing Date:</b>	06/09/2025
<b>MassHealth's Rep.:</b>	Danielle Syrek	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	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 04/25/2025, MassHealth informed the appellant that she was not eligible for MassHealth benefits because her income exceeds the program limits. Through the same notice, MassHealth informed the appellant she was eligible for Health Safety Net. The appellant was also referred to the Health Connector (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). The appellant filed a timely appeal on 05/02/2025 (130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

## Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing telephonically. Exhibits 1-3 were entered into evidence.

The MassHealth representative testified that the appellant, counted as part of a household of 2 people, was previously determined to be disabled and eligible for MassHealth CommonHealth benefits in 2023. In January 2025, Disability Evaluation Services (DES) sent to the appellant a disability review form that needed to be completed and returned to the DES by 03/25/2025 so that her disability could be reviewed. The disability supplement was not received by MassHealth by the deadline and on 04/25/2025, the disability determination was removed from her case. She was determined to be no longer disabled for failing to provide an updated application. Her case was then processed using the available information.

The appellant is not eligible for MassHealth Standard benefits, because she does not have a disability determination in her case, and she is not the parent of a child who is under 19 years of age and is claimed by her as a tax dependent. Additionally, there is no evidence that the appellant is pregnant, or has been diagnosed as HIV positive or with breast/cervical cancer. In order for the appellant to be eligible for MassHealth CarePlus, the household's income must be below 133% of the Federal Poverty Limit (FPL), or \$2,321.00 per month. The appellant has no income; however, her spouse earns \$850.00 per week. His countable monthly income is \$3,231.00, which is equivalent to 178% of the FPL. Because the household's income exceeds 133% of the FPL, the appellant is not eligible for MassHealth benefits. She was determined to be eligible for the Health Safety Net for a short period of time so that she can enroll in a Health Connector plan.

The appellant appeared at the fair hearing telephonically, and she testified that neither she nor her husband is currently employed. She testified that neither has income. The appellant also testified that once she received correspondence from MassHealth Disability Evaluation Services (DES), she went to the Taunton MassHealth Enrollment Center (MEC) and was told that she was "all set." She claims that someone made a mistake because she remains disabled.

The MassHealth representative responded that she would update the appellant's case to show that the household now has no income. The appellant should be eligible for MassHealth CarePlus benefits as a result; however, she informed the appellant that a letter will be generated and if she has questions, she can call MassHealth. In the meantime, the MassHealth representative will send to the appellant a new Disability Supplement for her to complete and return to MassHealth.

## Findings of Fact

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

1. The appellant is between the ages of 19 and 64. She lives in the community with her husband (Testimony).
2. For the purposes of MassHealth eligibility, the appellant is counted as part of a household of 2 people (Testimony).
3. As of 04/25/2025, the appellant has no income, but her husband earned \$850.00 per week, which is equal to \$3,231.00 and is 178% of the FPL (Testimony).
4. 133% of the federal poverty limit (FPL) for a household of 2 is \$2,345.00 (03/2025).
5. In 2023, the appellant was determined to be disabled by MassHealth. She was approved for MassHealth CommonHealth benefits (Testimony).
6. In January 2025, Disability Evaluation Services (DES) sent to the appellant a disability review form that needed to be completed and returned to the DES by 03/25/2025 so that her disability could be reviewed. The disability supplement was not received by MassHealth by the deadline, and on 04/25/2025, the disability determination was removed from her case. The case was then processed using the available information (Testimony).
7. On 04/25/2025, MassHealth informed the appellant that it removed her disability determination because she did not return a completed disability review form by the due date.
8. On 04/25/2025, MassHealth informed the appellant that, having been determined to be no longer be disabled, it planned to terminate her MassHealth CommonHealth benefits.
9. On 05/09/2025, MassHealth terminated the appellant's MassHealth CommonHealth benefits.
10. On 05/02/2025, the appellant filed a timely appeal.
11. A fair hearing was held on 06/09/2025. The appellant attended telephonically, as did the MassHealth representative.
12. MassHealth informed the appellant that she was not eligible for MassHealth benefits because the household's income exceeds the guidelines for MassHealth benefits, unless there is a special circumstance, like disability, pregnancy, positive HIV status, or diagnosis of breast/cervical cancer (Exhibit 1).
13. 133% of the FPL for a household of 2 is \$2,345.00 per month (03/2025).
14. MassHealth informed the appellant that she is eligible for the Health Safety Net. MassHealth

also referred the appellant to the Health Connector (Testimony; Exhibit 1).

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

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 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.

Regulations at 130 CMR 505.008 address MassHealth CarePlus, as follows:

(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.
- (2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): MassHealth CarePlus and 130 CMR 508.000: MassHealth: Managed Care Requirements and must meet the following conditions.
  - (a) The individual is an adult 21 through 64 years old.
  - (b) 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.
  - (c) ***The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.***
  - (d) The individual is ineligible for MassHealth Standard.
  - (e) The adult complies with 130 CMR 505.008(C).
  - (f) The individual is not enrolled in or eligible for Medicare Parts A or B.

***(Emphasis added.)***

MassHealth determined that Appellant is not eligible for MassHealth benefits because the income her household earns exceeds the guidelines for that benefit. MassHealth verified that the household's gross monthly income from employment is \$3,231.00. She is counted as household of 2 people. In 2023, the appellant was determined to be disabled and therefore eligible for MassHealth CommonHealth benefits, even having income that exceeds 133% of the FPL. Prior to the denial notice that is at issue in this appeal, MassHealth removed the appellant's disability determination because she failed to meet the eligibility requirements of submitting a completed disability review form.<sup>1</sup> As such, she does not meet any of the above criteria of eligibility for MassHealth Standard benefits.

In order to be income-eligible for MassHealth CarePlus benefits, the household's gross monthly income cannot be more than 133% of the FPL, or \$2,345.00. At the time of the determination, the appellant had no special circumstance, (e.g., disability or pregnancy, etc.), and the household's income exceeded 133% of the FPL. Because the appellant's income exceeds the limit for MassHealth CarePlus benefits, she is not eligible for any MassHealth benefit. Accordingly, she has presented no information to show MassHealth's decision to deny his benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Additionally, if her income or household size changes, she should contact MassHealth for a new determination of benefits.

## **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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<sup>1</sup> The appellant may submit her disability application at any time and once it is processed, her eligibility may be updated.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

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