

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|------------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2507214 |
| Decision Date: | 7/30/2025 | Hearing Date: | 06/04/2025 |
| Hearing Officer: | Kimberly Scanlon | | |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jennifer Duffy, Tewksbury MEC



*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

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|---------------------------|-----------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| Appeal Decision: | Denied | Issue: | Eligibility; Under 65; Downgrade; Over income |
| Decision Date: | 7/30/2025 | Hearing Date: | 06/04/2025 |
| MassHealth's Rep.: | Jennifer Duffy | Appellant's Rep.: | Pro se |
| Hearing Location: | Tewksbury MassHealth Enrollment Center Room 2 (Remote) | Aid Pending: | Yes |

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 April 25, 2025, MassHealth notified the appellant that her benefits were being downgraded from CommonHealth to Health Safety Net because MassHealth determined there was a change in circumstances. (Exhibit 1). The appellant filed this appeal in a timely manner on or about May 3, 2025. (130 CMR 610.015(B); Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that her MassHealth benefits were downgraded from MassHealth CommonHealth to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's benefits from MassHealth CommonHealth to Health Safety Net.

Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing telephonically and testified as follows: The appellant is an adult between the ages of 21 and 64 and she resides in a household of one. Previously, the appellant received CommonHealth benefits based on her verified disability status at that time. On April 25, 2025, MassHealth received a decision from the Disability Evaluation Services (DES) unit indicating that the appellant's adult disability supplement was not completed. (See, Exhibit 6, p. 1). On that same day, MassHealth processed DES's decision and MassHealth's computer system generated a notice, informing the appellant that her benefits were downgraded from CommonHealth to Health Safety Net due to a change in her circumstances (Exhibit 1). The appellant is eligible to receive Health Safety Net benefits, and she is eligible for a ConnectorCare plan through the Massachusetts Health Connector. *Id.* The MassHealth representative stated that the appellant's verified gross monthly income from employment amounts to \$2,579.36, which equates to 192.78% of the federal poverty level (FPL). To qualify for CommonHealth benefits, the appellant must first be deemed disabled by DES. To qualify for MassHealth benefits without a verified disability status on file, the appellant's income must be at or below 133% of the FPL, or \$1,670.00 per month.

The appellant stated that she appreciated the explanation given and for the opportunity to respond. She testified that she initially submitted an adult disability supplement to DES in 2019. DES deemed her as disabled at that time and MassHealth approved her for CommonHealth benefits. The appellant testified that when she received the April 23rd DES notice, informing her that her disability supplement that she recently submitted was not completed, she contacted DES. (See, Exhibit 6, p. 1). The appellant stated that she previously experienced an issue with receiving her mail and has reported the issue to local authorities (See, Exhibit 6, pp. 2-3). She testified that she is in danger of losing housing and cannot afford food but the one thing she could always rely on is to have her health insurance intact.

The MassHealth representative explained that when DES's decision was received and entered in MassHealth's computer system, the appellant's disability status was removed. She suggested that the appellant contact DES. The appellant stated that DES informed her that it has not made a determination on her disability supplement yet because it is incomplete. The MassHealth representative clarified that MassHealth received a decision code from DES that was entered in MassHealth's computer system, resulting in the April 25th downgrade notice being generated and mailed to the appellant.

Findings of Fact

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

1. The appellant is an adult between the ages of 21 and 64 and lives in a household of one.
2. Starting in 2019, the appellant received CommonHealth benefits based on her verified disability status at that time.
3. Recently, DES initiated the process of reviewing the appellant's case to determine if she continues to meet the agency's definition of disability.
4. On April 25, 2025, MassHealth received a decision from DES indicating that the appellant's adult disability supplement was not completed.
5. MassHealth entered DES's code in its computer system.
6. On April 25, 2025, MassHealth notified the appellant that her benefits were downgraded from MassHealth CommonHealth to Health Safety Net coverage because of a change in her circumstances.
7. The appellant's verified gross monthly income from employment is \$2,579.36, which equates to 192.78% of the FPL for a household of one.
8. 133% of the FPL limit for a family size of 1 is \$1,670.00 per month.
9. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

The MassHealth regulations found at 130 CMR 505.000 *et. seq.* set forth the categorical requirements and financial standards that must be met to qualify for a particular 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) *Standard* - for pregnant women, 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 members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) *CommonHealth* - for disabled adults, disabled young adults, and disabled children

who are not eligible for MassHealth Standard;

(3) *CarePlus* - for adults 21 through 64 years of age who are not eligible for MassHealth Standard;

(4) *Family Assistance* - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;

(5) *Small Business Employee Premium Assistance* - for adults or young adults who

(a) work for small employers;

(b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;

(c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and

(d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;

(6) *Limited* - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and

(7) *Senior Buy-In and Buy-In* - for certain Medicare beneficiaries.

(130 CMR 505.001(A)).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant meets the categorical requirements for MassHealth CarePlus benefits.¹ The question then remains as to whether she meets the income requirements to qualify.

An applicant is financially eligible for MassHealth CarePlus benefits if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” (130 CMR 505.002(C)(1)(a); 505.008(A)(2)(c)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing coverage. That regulation provides in relevant part as follows:

(1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of

(a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;

¹ The appellant previously qualified for CommonHealth benefits based on her verified disability status at that time.

- (b) the taxpayer's spouse, if living with him or her regardless of filing status;
- (c) all persons the taxpayer expects to claim as tax dependents; and
- (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

In the present case, the appellant does not dispute that she resides in a household of one.

130 CMR 506.007 describes how an applicant's modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

- (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. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level 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) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.
 - (2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.
 - (3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is \$2,579.36.² This amount exceeds 133% of the FPL for a household of one, which is \$1,670.00. Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the

² In accordance with 130 CMR 506.003(A), countable income includes, in pertinent part, "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."

regulations.³

This appeal is denied.⁴

Because the appellant claims a continuing disability, the appellant's benefits shall remain open for a limited time period, as more fully described below.

Order for MassHealth

"Aid pending" is to remain in place for 30 days from the date of this decision to allow time for the appellant to submit a completed Disability Supplement to DES. If she does so, the appellant's CommonHealth benefits must remain open while DES makes its determination. If the appellant does not submit a completed Disability Supplement within 30 days from the date of this decision, 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc.

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

³ The appellant may qualify for MassHealth CommonHealth in the future, pending MassHealth's review of the Adult Disability Supplement that she submitted. However, that determination is outside the scope of this appeal.

⁴ The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.