

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



Appeal Decision:	Denied	Appeal Number:	2507315
Decision Date:	05/30/2025	Hearing Date:	05/29/2025
Hearing Officer:	Marc Tonaszuck		

**Appearances for Appellant:**



**Appearance for MassHealth:**

Sherrienne Paiva



*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 – Income
<b>Decision Date:</b>	05/30/2025	<b>Hearing Date:</b>	05/29/2025
<b>MassHealth's Rep.:</b>	Sherrienne Paiva	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Taunton 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 05/08/2025, MassHealth informed the appellant that he was not eligible for MassHealth benefits because his income exceeds the program limits. Through the same notice, MassHealth informed the appellant he 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 05/09/2025 (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. The appellant was assisted by his mother. Exhibits 1-4 were entered into evidence.

The MassHealth representative testified that the appellant, counted as a household of 1 person, was previously determined to be disabled and eligible for MassHealth CommonHealth benefits in 2016. 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 so that his disability could be reviewed. On 01/23/2025, MassHealth determined the appellant was eligible for MassHealth CommonHealth benefits based on a data match of his income. His income was verified as \$62,544.00 per month, which is equivalent to 535% of the federal poverty level (FPL). On 04/18/2025, the appellant's disability review form was not received by DES. MassHealth terminated the appellant's benefits on 05/02/2025, based on a determination that the appellant no longer met MassHealth's disability rules; specifically, he did not complete and return a disability review form and his income exceeds the limit for MassHealth benefits. On 05/08/2025, the appellant called MassHealth and updated his income on the telephone. He self-attested to employment income of \$59,987.00 annually, which is equivalent to \$4,998.00 per month. As a person who is no longer determined to be disabled, the income limit for MassHealth benefits is 133% of the FPL, which is \$1,735.00 per month. The appellant's monthly income of \$4,998.00 exceeds the limit, so the appellant was determined not to be eligible for MassHealth benefits. He was approved for the health safety net and referred to the Health Connector for a ConnectorCare program.

The appellant and his mother appeared telephonically, and they testified that the appellant never received the termination notice or the disability supplement form. He said he received the denial notice at issue in this appeal. He did not contest his income amount. The mother testified that she did not understand the system and she has had to pay for the appellant's personal care attendant services out of her pocket. She testified she did not understand how the appellant, a quadriplegic, would ever be determined to not be disabled. She stated that she believed the appellant's case should be approved without any further reviews of his disability.

The MassHealth representative responded that DES needs the appellant's completed review form in order to process his disability request. Once it is processed, his eligibility will be updated. He informed the appellant how to access the form on the internet, she gave him the telephone number for DES, and directions on how to access the nearest MassHealth Enrollment Center, for further questions.

## 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. He lives in the community (Testimony).
2. For the purposes of MassHealth eligibility, the appellant is counted as a household of 1 (Testimony).
3. The appellant has gross monthly income of \$4,998.00 per month from employment (Testimony).
4. 133% of the federal poverty limit (FPL) for a household of 1 is \$1,735.00 (03/2025).
5. In 2016, the appellant was been determined to be disabled by MassHealth.
6. On 04/18/2025, MassHealth informed the appellant that it removed his disability determination because he did not return a completed disability review form by the due date.
7. On 04/18/2025, MassHealth informed the appellant that, having been determined to no longer be disabled, it planned to terminate his MassHealth benefits.
8. On 05/02/2025, MassHealth terminated the appellant's MassHealth benefits.
9. On 05/08/2025, after the appellant contacted MassHealth to report an income change, MassHealth sent a denial notice to him. His MassHealth benefits were denied because his income exceeds 133% of the FPL.
10. On 05/09/2025, the appellant filed a timely appeal.
11. A fair hearing was held on 05/29/2025. The appellant and his mother attended telephonically, as did the MassHealth representative.
12. MassHealth informed the appellant that he was not eligible for MassHealth benefits because his income exceeds the guidelines for MassHealth benefits (Exhibit 1).
13. MassHealth informed the appellant that he 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 he earns exceeds the guidelines for that benefit. MassHealth verified that the appellant's gross monthly income from employment is \$4,998.00. He is counted as household of 1 person. In 2016, the appellant was determined to be disabled and therefore eligible for MassHealth CommonHealth benefits. Prior to the denial notice that is at issue in this appeal, MassHealth removed the appellant's disability determination because he failed to meet the eligibility requirements of

submitting a completed disability review form.<sup>1</sup> As such, he does not meet any of the above criteria of eligibility for MassHealth Standards.

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 \$1,735.00. Appellant did not dispute that he has income from employment verified to be \$4,998.00. Because his income exceeds the limit for MassHealth CarePlus benefits, the appellant is not eligible for any MassHealth benefit. Accordingly, he 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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

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