

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507416
Decision Date:	07/31/2025	Hearing Date:	06/13/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for MassHealth:

Via Teams Videoconference:
Katelyn Costello, Quincy 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

Appeal Decision:	Denied	Issue:	Under 65; Income
Decision Date:	07/31/2025	Hearing Date:	06/13/2025
MassHealth's Rep.:	Katelyn Costello	Appellant's Rep.:	[REDACTED]
Hearing Location:	Quincy Harbor South, 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 May 13, 2025, MassHealth notified the appellant that her coverage would change from MassHealth Standard to MassHealth CommonHealth due to a change in circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on May 13, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant that her coverage would change from MassHealth Standard to MassHealth CommonHealth.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant from MassHealth Standard to MassHealth CommonHealth.

Summary of Evidence

The MassHealth representative, the appellant, and her engagement specialist from her healthcare provider all appeared at hearing via Teams videoconference. The MassHealth representative testified that on May 13, 2025, the appellant, who is under the age of 65 with a verified disability, completed an annual renewal. As part of the annual renewal, she added a job and removed a member of her household. Based on the most recent updates, the appellant is a household of one with a monthly income of \$2,720.50, comprised of \$1,100 monthly from Social Security and \$374 per week from her job, putting her at 203.60% of the Federal Poverty Level (FPL). The income limit for MassHealth Standard for a disabled individual between the ages of 21 through of 64 is 133% of the Federal Poverty Level (FPL), which is \$1,735 gross per month for a household size of one. As the appellant is over that income limit, MassHealth notified her that that her coverage would change from MassHealth Standard to MassHealth CommonHealth with a monthly premium of \$26. The notice stated that the appellant's MassHealth Standard benefits would terminate on May 27, 2025 and her MassHealth CommonHealth would begin on May 3, 2025. The appellant has aid pending protecting her MassHealth Standard benefits during the appeal process.

The appellant confirmed that her gross income is around that amount; however, her rent has gone up \$200 and she lost child support. She needs to pay for her cell phone, food, heat, and internet. She sometimes turns off her gas to save money. She has credit card bills and union dues are taken out of every paycheck. She works as much as she is able to, but she has a traumatic brain injury and epilepsy. She experiences seizures at work, but needs to work to be able to pay her rent.

The MassHealth representative explained that MassHealth considers gross income and only certain deductions that are on the tax return. Unfortunately, rent and bills cannot be deducted from income for purposes of MassHealth. She explained the Hardship Waiver and emailed her a copy to complete.

Findings of Fact

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

1. The appellant is an adult under the age of 65 with a verified disability and a household size of one (Testimony and Exhibit 4).
2. On May 13, 2025, MassHealth informed the appellant that her benefits would change from MassHealth Standard to MassHealth CommonHealth because she was over the allowable income limit for MassHealth Standard (Testimony and Exhibit 1).
3. On May 13, 2025, the appellant filed a timely appeal (Exhibit 2).

4. On May 13, 2025, the appellant completed a renewal, updating her income and household size. Between her job and Social Security, the appellant receives \$2,720.50 gross per month, which is 203.60% of the FPL (Testimony).
5. To qualify for MassHealth Standard benefits, an applicant must be at or below 133% of the FPL, which for a household of one is \$1,735 gross per month (Testimony).
6. The appellant did not dispute her income (Testimony).
7. The appellant was approved for MassHealth CommonHealth benefits effective May 3, 2025 with a \$26 monthly premium (Testimony and Exhibit 1).
8. The appellant has aid pending protecting her MassHealth Standard benefits during the appeal process.

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ 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;

¹ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

- (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

Categorically, the appellant is eligible for MassHealth Standard and MassHealth CommonHealth; however, under 130 CMR 505.002(E)(1)(b), the income limit for MassHealth Standard coverage for a disabled adult between the ages of 21 through 64 is 133% of the FPL. For a household of one, that limit is \$1,735 gross per month. The appellant's most recently verified gross monthly income is \$2,720.50, or 203.60% of the FPL. Based on this figure, she is over the income limit for MassHealth Standard benefits. Pursuant to 130 CMR 505.004(C), MassHealth correctly determined that the appellant, a disabled working adult between the ages of 21 through 64 who was not eligible for MassHealth Standard, is eligible for MassHealth CommonHealth. MassHealth correctly assessed the monthly premium pursuant to 130 CMR 506.011.²

For these reasons, the MassHealth determination that the appellant qualified for MassHealth CommonHealth and not MassHealth Standard is correct and the appeal is denied.

Order for MassHealth

Rescind aid pending.

² As discussed at hearing, the appellant can apply for the Hardship Waiver, but that process and determination is outside the scope of this appeal.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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