

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508350
Decision Date:	10/14/2025	Hearing Date:	8/5/2025
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:



Appearance for MassHealth:

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:	Community eligibility, under 65, disability, income
Decision Date:	10/14/2025	Hearing Date:	8/5/2025
MassHealth's Rep.:	Katelyn Costello	Appellant's Rep.:	██████
Hearing Location:	Quincy (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

By notice dated May 20, 2025, MassHealth downgraded Appellant's coverage from MassHealth CommonHealth to Health Safety Net, with CommonHealth ending on June 3, 2025. Exhibit 1. Appellant filed this appeal in a timely manner on May 29, 2025 and was eligible to retain benefits pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination, modification, or denial of assistance is a valid basis for appeal. 130 CMR 610.032. The appeal was dismissed after Appellant failed to attend the hearing scheduled on July 11, 2025. Upon Appellant's request, Board of Hearings (BOH) vacated the dismissal and rescheduled the present hearing on August 5, 2025. Exhibit 3.

Action Taken by MassHealth

MassHealth downgraded Appellant's coverage from MassHealth CommonHealth to Health Safety Net, with CommonHealth ending on June 3, 2025.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant no longer qualified for MassHealth CommonHealth.

Summary of Evidence

The MassHealth representative and Appellant appeared by phone and testified as follows. Appellant is under 65 and was previously deemed eligible for CommonHealth as a disabled adult. On May 20, 2025, MassHealth notified Appellant that his coverage would downgrade from MassHealth CommonHealth to Health Safety Net, with CommonHealth ending after June 3, 2025. Exhibit 1. MassHealth notified Appellant that he no longer met the income requirement for the CommonHealth benefit. *Id.* At the time of issuing this notice, MassHealth's system reflected that Appellant's household size was 1 and the household income was 177.73% of the 2025 federal poverty level (FPL). Appellant's gross weekly income was \$550, which MassHealth calculated was \$2,383.15 monthly. Exhibit 4.

The MassHealth representative clarified that the reason coverage downgraded was because Appellant's verified disability had lapsed. The MassHealth representative testified that according to the system notes, Appellant has attempted to submit a disability renewal to MassHealth multiple times, but Disability Evaluation Services (DES) has marked each as incomplete, code 501. The MassHealth representative called DES on July 31, 2025 and learned that there was one remaining medical release that DES was waiting for, which Appellant had confirmed was mailed on July 25, 2025. The MassHealth representative was monitoring the decision codes and had not seen another code 501 entered. Appellant testified that he believed the completed supplement has been submitted.

On or about September 9, 2025, DES notified the MassHealth eligibility office that Appellant's complete disability supplement was received on July 31, 2025. DES wrote on the form that based on the documentation submitted Appellant was determined not to be disabled. Exhibit 5.

Findings of Fact

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

1. Appellant is in a household of one and under the age of 65.
2. Appellant's gross weekly income is \$550. Exhibit 4.
3. In 2025, 100% of the monthly FPL for a household of one is \$1,304; 133% of the FPL is \$1,735.00.

4. On May 20, 2025, MassHealth downgraded Appellant's coverage from MassHealth CommonHealth to Health Safety Net, with CommonHealth ending on June 3, 2025. Exhibit 1.
5. Appellant filed this appeal in a timely manner on May 29, 2025 and was eligible to retain benefits pending the outcome of the appeal. Exhibit 2.
6. On September 9, 2025, DES notified MassHealth that it had determined that Appellant no longer meets disability criteria. Exhibit 5.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a 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) 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 of age 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 – for certain Medicare beneficiaries.

130 CMR 505.001(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. MassHealth determines financial eligibility based on an applicant's modified adjusted gross income. MassHealth takes the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B), and subtracts deductions described in 130 CMR 506.003(D). 130 CMR 506.007. Per

130 CMR 506.003, the regulatory definitions of earned income, unearned income and deductions are as follows:

(A) Earned Income.

(1) Earned income is 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.

(2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.

(3) Earned income from S-Corporations or Partnerships is the total amount of taxable annual profit (or loss) after deducting business expenses listed or allowable on a U.S. Individual Tax Return.

(4) Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination.

(B) Unearned Income.

(1) Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return.

(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

(C) Rental Income. Rental income is the total amount of taxable income less any deductions listed or allowable on an applicant's or member's U.S. Individual Tax Return.

(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;

- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

An adult under the age of 64 is eligible for a MassHealth benefit if their income is at or below 133% of the FPL. *See, e.g., 130 CMR 505.008(A)(2)(c).* MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c). Here, Appellant's weekly income of \$550 multiplied by 4.333 yields monthly income of \$2,383.15, which exceeds 133% of the FPL.

A disabled adult is eligible for MassHealth Standard if their income is at or below 133% of the FPL. 130 CMR 505.002(E)(1)(b). A disabled adult is eligible for MassHealth CommonHealth regardless of income, but may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). 130 CMR 505.004(I). To be eligible for MassHealth Standard or CommonHealth as a disabled person, an individual adult must be "permanently and totally disabled." *See 130 CMR 501.001.* The guidelines used in establishing disability under the MassHealth program are modeled after those used by the Social Security Administration. *See id.* Title XVI of the Social Security Act requires individuals who have been determined disabled for purposes of obtaining Medicaid to be periodically reevaluated. *See 20 CFR 416.994(b)(5).*

Here, MassHealth testified that Appellant's CommonHealth was terminated because his eligibility status had lapsed and the renewals submitted by Appellant were incomplete to determine continued eligibility. Though Appellant submitted a complete renewal on July 31, 2025, DES determined that Appellant is no longer disabled according to MassHealth's criteria. Appellant will receive a letter from DES notifying him of this decision and will have the right to appeal that determination.

Without a verified disability status, Appellant's income of \$550 is too high to qualify for a MassHealth plan. Accordingly, this appeal is denied.

Order for MassHealth

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

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