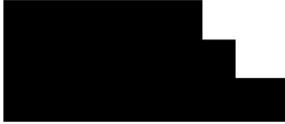


**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2508423
<b>Decision Date:</b>	07/24/2025	<b>Hearing Date:</b>	07/03/2025
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**



**Appearance for MassHealth:**  
Andy Rodriguez, 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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Community Eligibility – under 65; Income; Premium Billing
<b>Decision Date:</b>	07/24/2025	<b>Hearing Date:</b>	07/03/2025
<b>MassHealth’s Rep.:</b>	Andy Rodriguez	<b>Appellant’s Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Remote	<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 May 12, 2025, MassHealth denied the appellant's application for MassHealth Home-and Community-based Services (HCBS) Waiver but approved her for MassHealth CommonHealth starting on March 5, 2025, with a premium of \$67.60 per month. See 130 CMR 505.002; 130 CMR 505.004; 130 CMR 506.011; and Exhibit 1. The appellant filed this appeal in a timely manner on May 30, 2025. See 130 CMR 610.015(B) and Exhibit 2. MassHealth’s decision to suspend, reduce, terminate, or restrict a member’s assistance as well as assessment of a monthly premium are valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth Home-and Community-based Services (HCBS) Waiver but approved her for MassHealth CommonHealth starting on March 5, 2025, with a premium of \$67.60 per month.

### Issue

Whether MassHealth was correct in approving the appellant for CommonHealth and assessing a monthly premium of \$67.60 pursuant to 130 CMR 505.002; 130 CMR 505.004; 130 CMR 506.011.

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The appellant's mother appeared on her behalf and verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant who is under the age of 65 lives in a household of one. The appellant had MassHealth Standard since 2015. In October 2024, the appellant submitted an application for the Home- and Community-Based Services Waiver for Persons with an Intellectual Disability. In March 2025, her coverage changed to MassHealth CommonHealth due to an increase in her income. He added that the appellant's total income is \$3,677.00 per month which includes her income from the Social Security Administration and employment. This figure falls in between 250%-300% of the federal poverty level (FPL) for a household of one.<sup>1</sup> He testified that through a notice dated May 12, 2025, MassHealth denied the appellant's application for the HCBS Waiver but approved her for MassHealth CommonHealth starting on March 5, 2025, with a premium of \$67.60 per month.

The appellant's representative verified the appellant's income. She stated that the appellant was placed in a group home through the Department of Developmental Services (DDS). She added that the appellant will be responsible for rent and other personal expenses which would make it difficult for her to afford the CommonHealth premium. She stated that she is appealing the CommonHealth premium and would like to receive some sort of a waiver for the appellant's premiums.

The MassHealth representative explained that she can apply for a temporary hardship waiver and that she can find that application online at Mass.gov website. The appellant's representative agreed to do so.

## Findings of Fact

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

1. The appellant is between the ages of 21 and 64, and lives in a household of one. (Testimony and Exhibit 5).

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<sup>1</sup> This information was provided after the hearing by the MassHealth representative based on the Hearing Officer's request which was contemporaneously provided to the appellant's representative. See Exhibit 5.

2. The appellant had MassHealth Standard since 2015. (Testimony).
3. In October 2024, the appellant submitted an application for the Home- and Community-Based Services Waiver for Persons with an Intellectual Disability. (Testimony).
4. On May 12, 2025, MassHealth denied the appellant's application for the HCBS Waiver but approved her for MassHealth CommonHealth starting on March 5, 2025, with a premium of \$67.60 per month. (Testimony and Exhibit 1).
5. The appellant filed this appeal in a timely manner on May 30, 2025. (Exhibit 2).
6. At the hearing, the appellant's representative verified her total income of \$3,677.00 per month from the Social Security Administration and employment. (Testimony).
7. According to Program Financial Guidelines, 300% of the federal benefit rate (FBR) for an individual is \$2,901.00 per month. (Mass.gov).
8. According to the Federal Poverty Guidelines, 100% of the federal poverty level (FPL) is \$1,305.00 per month for a household of one. (Federal Poverty Guidelines, Exhibit 5).

## Analysis and Conclusions of Law

Generally, MassHealth regulations at 130 CMR 505.000 explain the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements **and** financial standards.

The coverage types are set forth at 130 CMR 505.001(A) as follows: (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults<sup>2</sup>, 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) 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, CommonHealth, or CarePlus; (5) MassHealth 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 (6) MassHealth Medicare Savings Programs (MSP, also called

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<sup>2</sup> “[Y]oung adults” are defined as those aged 19 and 20. See 130 CMR 501.001.

Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

An individual is eligible for MassHealth Standard if they are, “...(1) children, young adults, parents, caretaker relatives, people who are pregnant, disabled individuals, certain individuals with breast or cervical cancer, certain individuals who are HIV positive, independent foster-care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F). (2) Persons who receive Supplemental Security Income (SSI) benefits from the Social Security Administration (SSA) are eligible for MassHealth Standard. (3) Persons who receive Transitional Aid to Families with Dependent Children (TAFDC) cash assistance from the Department of Transitional Assistance (DTA) are eligible for MassHealth Standard....See 130 CMR 505.002(A).

In this case, the appellant is a disabled adult over the age of 21 but under 65. Thus, she is categorically eligible for MassHealth Standard. The question then becomes whether she meets the income requirements to qualify.

An individual between the ages of 21 and 64 who is categorically eligible for MassHealth Standard, as here, can only be financially eligible if “the individual’s 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(E)(1)(6); <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>.

Per MAGI<sup>3</sup> rules, the appellant lives in a household of one. The appellant’s total income equals

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<sup>3</sup> Once the individual’s household size is established, his MassHealth MAGI household income is determined in the following manner:

(2) ....using the total of all countable monthly income for each person in that individual’s MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual’s eligibility.

(a) A household’s countable income is the sum of the MAGI-based income of every individual included in the individual’s household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(K).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

\$3,677.00 per month. Five percentage points of the current FPL for a household of one is \$65.25 ( $\$1,305.00 \times 5\% = \$65.25$ ). See 130 CMR 506.007(A)(3). After deducting five percentage points of the FPL from the appellant's total income ( $\$3,677.00 - \$65.25$ ), the appellant's countable income equals \$3,614.75. Based on current MassHealth Income Standards and Federal Poverty Guidelines, the income limit for MassHealth Standard for a disabled adult in a household of one is 133% of the FPL, or \$1,735.00 per month. The appellant's MAGI income is over the threshold limit for MassHealth Standard. Thus, she does not meet the income requirement to qualify for MassHealth Standard.

The appellant also does not qualify for MassHealth Standard coverage based on an HCBS Waiver. Although the appellant's representative did not contest the denial of the appellant's application for an HCBS Waiver, nevertheless, the appellant does not qualify for MassHealth Standard based on an HCBS Waiver because her income is clearly well over the allowed threshold of 300% of the FBR which is \$2,901.00 per month. See 130 CMR 519.007(D)(3)(b)(2). Thus, MassHealth was correct in denying the appellant's application for an HCBS Waiver.

MassHealth regulations at 130 CMR 505.004 sets forth the categorical requirements **and** financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults. Disabled working adults, as here, must meet the following requirements: (1) be 21 through 64 years old; (2) be employed at least 40 hours per month; (3) be permanently and totally disabled, as defined in 130 CMR 501.001: Definition of Terms; (4) be 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; (5) be ineligible for MassHealth Standard; and (6) comply with 130 CMR 505.004(J).

Pursuant to 130 CMR 505.004(I), disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). Accordingly, the appellant meets both the categorical requirements and financial standards for CommonHealth coverage. Thus, I find that MassHealth correctly approved the appellant for MassHealth CommonHealth.

The full premium formula for MassHealth CommonHealth members who are young adults with household income above 150% of the FPL, adults with household income above 150% of the FPL, and children with household income above 300% of the FPL is provided as follows. The full premium is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health insurance premium.

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See 130 CMR 506.007(A).

<b>CommonHealth Full Premium Formula Young Adults and Adults above 150% of the FPL and Children above 300% of the FPL</b>		
<b>Base Premium</b>	<b>Additional Premium Cost</b>	<b>Range of Monthly Premium Cost</b>
Above 150% FPL—start at \$15	Add \$5 for each additional 10% FPL until 200% FPL	\$15 — \$35
Above 200% FPL—start at \$40	Add \$8 for each additional 10% FPL until 400% FPL	\$40 — \$192
Above 400% FPL—start at \$202	Add \$10 for each additional 10% FPL until 600% FPL	\$202 — \$392
Above 600% FPL—start at \$404	Add \$12 for each additional 10% FPL until 800% FPL	\$404 — \$632
Above 800% FPL—start at \$646	Add \$14 for each additional 10% FPL until 1000%	\$646 — \$912
Above 1000% FPL—start at \$928	Add \$16 for each additional 10% FPL	\$928 + greater

See 130 CMR 506.011(B)(2)(b).

The supplemental premium formula for young adults, adults, and children with household income above 300% of the FPL is provided as follows. A lower supplemental premium is charged to members who have health insurance to which the MassHealth agency does not contribute. Members receiving a premium assistance payment from the MassHealth agency are not eligible for the supplemental premium rate.

<b>CommonHealth Supplemental Premium Formula</b>	
<b>% of Federal Poverty Level (FPL)</b>	<b>Monthly Premium Cost</b>
Above 150% to 200%	60% of full premium
Above 200% to 400%	65% of full premium
Above 400% to 600%	70% of full premium
Above 600% to 800%	75% of full premium
Above 800% to 1000%	80% of full premium
Above 1000%	85% of full premium

See 130 CMR 506.011(B)(2)(c).

Here, the appellant is a disabled working adult with a household size of one. She was assessed a premium of \$67.60 per month for MassHealth CommonHealth. The appellant's total income

equals \$3,677.00 per month. This figure is 281.76% ( $\$3,677.00/\$1,305.00 = 281.76\%$ ) of the FPL, based on the 2025 Federal Poverty Guidelines, which states that 100% of the FPL is \$1,305.00 for a household of one. Accordingly, based on the MassHealth CommonHealth premium formula, the appellant's monthly premium equals \$67.60 ( $\$40 + (\$8 \times 8) = \$104 \times 65\% = \$67.60$ ). See 130 CMR 506.011(B)(2)(b); 130 CMR 506.011(B)(2)(c). Therefore, MassHealth correctly assessed a premium of \$67.60 per month.

Additionally, the appellant's contention that she is unable to financially afford her premium payments is not a basis for relief. The appellant does not have a waiver of premiums due to financial hardship because she has not applied for such waiver. Thus, MassHealth has not made a determination regarding her eligibility for this waiver.<sup>4</sup> The appellant's representative agreed to

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<sup>4</sup> 130 CMR 506.011(G), states:

(G) Waiver or Reduction of Premiums for Undue Financial Hardship.

(1) Undue financial hardship means that the member has shown to the satisfaction of the MassHealth agency that at the time the premium was or will be charged, or when the individual is seeking to reactivate benefits, the member

(a) is homeless, or is more than 30 days in arrears in rent or mortgage payments, or has received a current eviction or foreclosure notice;

(b) has a current shut-off notice, or has been shut off, or has a current refusal to deliver essential utilities (gas, electric, oil, water, or telephone);

(c) has medical and/or dental expenses, totaling more than 7.5% of the family group's gross annual income, that are not subject to payment by the Health Safety Net, and have not been paid by a third-party insurance, including MassHealth (in this case "medical and dental expenses" means any outstanding medical or dental services debt that is currently owed by the family group or any medical or dental expenses paid by the family group within the 12 months prior to the date of application for a waiver, regardless of the date of service);

(d) has experienced a significant, unavoidable increase in essential expenses within the last six months;

(e) 1. is a MassHealth CommonHealth member who has accessed available third-party insurance or has no third-party insurance; and

2. the total monthly premium charged for MassHealth CommonHealth will cause extreme financial hardship the family, such that the paying of premiums could cause the family difficulty in paying for housing, food, utilities, transportation, other essential expenses, or would otherwise materially interfere with MassHealth's goal of providing affordable health insurance to low-income persons; or

(f) has suffered within the six months prior to the date of application for a waiver, or is likely to suffer in the six months following such date, economic hardship because of a state or federally declared disaster or public health emergency.

(2) If the MassHealth agency determines that the requirement to pay a premium results in undue financial hardship for a member, the MassHealth agency may, in its sole discretion

submit this application for future determination. If and when the appellant applies for this waiver, MassHealth will make a new determination which carries with it separate appeal rights.

As for this appeal, for the foregoing reasons, the appeal is DENIED.

## 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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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings



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

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- (a) waive payment of the premium or reduce the amount of the premiums assessed to a particular family; or
  - (b) grant a full or partial waiver of a past due balance. Past due balances include all or a portion of a premium accrued before the first day of the month of hardship; or
  - (c) both 130 CMR 506.011(G)(2)(a) and (b).