

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508500
Decision Date:	10/10/2025	Hearing Date:	07/10/2025
Hearing Officer:	Alexandra Shube	Record Open to:	08/25/2025

Appearance for Appellant:

Via telephone:

[Redacted], Pro se

Appearance for MassHealth:

Via telephone:

Yazlin Diaz, 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

Appeal Decision:	Denied	Issue:	Under 65; Eligibility; Over Income
Decision Date:	10/10/2025	Hearing Date:	07/10/2025
MassHealth's Rep.:	Yazlin Diaz	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center, 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 June 3, 2025, MassHealth informed the appellant that she did not qualify for MassHealth benefits because she was over the allowable income limit (Exhibit 1). The appellant filed this appeal in a timely manner on June 3, 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 she did not qualify for MassHealth benefits because she was over the allowable income limit.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant did not qualify for MassHealth benefits because she was over the allowable income limit.

Summary of Evidence

The appellant and MassHealth representative both appeared at hearing via telephone. The MassHealth representative testified as follows: the appellant is an adult between the ages of 21 and 65 with a household size of one. On June 3, 2025, MassHealth informed the appellant that she did not qualify for MassHealth benefits because she was over the allowable income limit and her MassHealth CommonHealth benefits would terminate on June 17, 2025. The appellant completed a MassHealth renewal application on June 3, 2025 and reported gross monthly income of \$5,316.67 which is 402.75% of the Federal Poverty Level (FPL). The income limit to qualify for MassHealth benefits as a non-disabled adult between the ages of 21 and 65 is 133% of the FPL, or \$1,735 gross monthly for a household of one. As such, the appellant was over the allowable income limit, which prompted the June 3 notice under appeal.

As background, the MassHealth representative explained that MassHealth sent the appellant a notice in December 2024 informing her that the Adult Disability Supplement needed to be submitted to Disability Evaluation Services (DES). By February 21, 2025, DES had not received the Supplement and the disability was removed from the system. As she did not renew her disability on time, she was no longer eligible for MassHealth CommonHealth when the MassHealth renewal was completed in June, 2025, and she was over the allowable income limit for a non-disabled person. Her MassHealth CommonHealth benefits are protected by aid pending during the appeal process.

The appellant did not dispute her income, but thought that she had sent in paperwork and verified her income on June 18, 2025. She has surgery coming up soon and has an appointment for it in August.

It appears that, on or around June 20, 2025, the Board of Hearings received a copy of the Supplement that the appellant mailed to the Board of Hearings, not to DES. The MassHealth representative received a copy of the Supplement from the Board of Hearings which she forwarded to DES on July 7, 2025. The MassHealth representative noted that there is an outstanding request to verify the appellant's income which is due by September 21, 2025.

The record in the appeal was held open until August 25, 2025 to allow time for the appellant to receive the disability determination from DES while her benefits were still protected through aid pending. The appellant was advised to contact DES to ensure that it received a completed Supplement and request that it expedite the process, if possible. The appellant was also asked to keep MassHealth and this hearing officer updated on the disability determination. Additionally, the appellant needed to submit her two most recent pay stubs for MassHealth to verify her income. With aid pending in place, the appellant's benefits would remain active during the appeal process (until a decision issues).

On July 15, 2025, the appellant submitted the requested income verification which confirmed she was still over the allowable income limit. On July 22, 2025, the appellant notified the Board of Hearings that DES informed her she filled out a form incorrectly. DES was sending her a new form which she stated she would fill out as soon as possible and overnight back to DES. This hearing officer did not hear from the appellant again.

By September 16, 2025, this hearing officer had not received an update on the disability determination and followed up with parties via email. The MassHealth representative reported that on July 18, 2025 it received notification from DES that there was no disability determination because the supplement was incomplete (DES decision code 501 for an incomplete supplement). MassHealth has not received any other updates from DES since then. The appellant did not respond.

Findings of Fact

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

1. On June 3, 2025, MassHealth notified the appellant that she was not eligible for MassHealth benefits because she was over the allowable income limit (Testimony and Exhibit 1).
2. On June 3, 2025, the appellant filed a timely appeal (Exhibit 2).
3. The appellant's most recently verified gross monthly income is \$5,316.67, or 402.75% of the FPL (Testimony).
4. To qualify for MassHealth benefits as a non-disabled adult between the ages of 21 and 65, an applicant must be at or below 133% of the FPL, which for a household of one is \$1,735 gross monthly income (Testimony).
5. The appellant did not submit an Adult Disability Supplement in time to renew her disability status. As such, her disability was removed from the system and she was no longer eligible for MassHealth CommonHealth when the MassHealth renewal was completed in June, 2025, and she was over the allowable income limit for a non-disabled person. (Testimony).
6. The appellant's MassHealth CommonHealth benefits were protected by aid pending throughout the appeal process (Testimony).
7. On or around June 20, 2025, the appellant submitted an Adult Disability Supplement to the Board of Hearings, not to DES. The MassHealth representative received a copy of the Supplement from the Board of Hearings and forwarded it to DES on July 7, 2025. (Testimony and Exhibit 2).

8. The appellant was granted a record open period until August 25, 2025 to allow her to maintain her MassHealth CommonHealth coverage through aid pending while waiting for the DES determination (Testimony and Exhibit 5).
9. On September 16, 2025, the MassHealth representative reported that it received notification from DES on July 18, 2025 that there was no disability determination because the supplement was incomplete. MassHealth has not received any other updates from DES since then. (Exhibit 5).
10. There have been no updates from the appellant since she contacted the Board of Hearings on July 22, 2025 (Exhibit 5).

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

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

- (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

The calculation of financial eligibility is set forth in 130 CMR 506.007 as follows:

The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(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.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by 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.

(130 CMR 506.007(A)).

Categorically, the appellant is eligible for MassHealth CarePlus; however, under 130 CMR 505.008(A)(2)(c), the income limit for CarePlus coverage is 133% of the FPL. For a household of one, that limit is \$1,735 gross monthly. The appellant's most recently verified gross monthly income was \$5,316.67, or 407.75% of the FPL. After deducting five percentage points of the current FPL, the appellant's countable income is 402.75% of the FPL. Based on this figure, she is over the income limit for MassHealth CarePlus benefits.

At the time of hearing, the appellant had an expired disability determination. MassHealth also needed verification of her income. Her MassHealth CommonHealth coverage was protected during the appeal process by aid pending. The appellant had submitted the Adult Disability Supplement to the Board of Hearings, but not to DES. The MassHealth representative forwarded the supplement to DES on July 7, 2025. The appellant was granted a record open period until August 25, 2025 to allow her to maintain her coverage while waiting for the DES determination in hopes that she would be eligible for MassHealth CommonHealth. On September 16, 2025, MassHealth reported that on July 18, 2025, DES indicated there was no disability determination because the supplement was incomplete. MassHealth has not received any other updates from DES since then. The appellant did not provide any other update.²

As the appellant is over the income limit for MassHealth benefits, the MassHealth determination in the June 3, 2025 notice is correct and the appeal is denied.³

Order for MassHealth

None, other than remove aid pending.

² Unfortunately, without a disability determination from DES, the appellant will not be eligible for MassHealth CommonHealth; however, any future determination regarding MassHealth CommonHealth eligibility and any determination or action by DES are outside the scope of this appeal. The appellant can direct any questions regarding the disability determination to the DES Help Line at 888-497-9890.

³ The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765) or about the Health Safety Net to 877-910-2100.

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: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957