# Office of Medicaid BOARD OF HEARINGS

#### **Appellant Name and Address:**



Appeal Decision: Denied Appeal Number: 2508799

**Decision Date:** 8/27/2025 **Hearing Date:** 07/17/2025

**Hearing Officer:** Christopher Jones

**Appearances for Appellant:** 

Pro se

Appearance for MassHealth: Liz Nickoson – Taunton HCR



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; Income

**Decision Date:** 8/27/2025 **Hearing Date:** 07/17/2025

MassHealth's Rep.: Liz Nickoson Appellant's Rep.: Pro se; Spouse

Hearing Location: Virtual Aid Pending: 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 20, 2025, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's household income is too high. (Exhibit 1; 130 CMR 506.007.) The appellant filed this appeal in a timely manner on June 9, 2025. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### **Action Taken by MassHealth**

MassHealth denied the appellant's MassHealth Standard benefits based upon her current household income.

#### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002 - .009 and 130 CMR 506.001 - .004, in determining that appellant was ineligible for MassHealth benefits.

## **Summary of Evidence**

MassHealth's representative testified that the appellant's current eligibility is based upon a

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household of 6, including her husband and 4 dependent children. The appellant is an adult under the age of 65. Historically, the appellant's household had listed her significant other as a domestic partner, and his income was not used in determining the appellant's eligibility for MassHealth. During the annual renewal process, the appellant reported that she was married. The appellant verified her household's income using the family's 2024 tax return, which documented the appellant's husband earned \$21,527 from one job and \$46,023 from a second job. After allowable tax deductions, the appellant's household's verified monthly income was \$5,393.36. MassHealth calculated the household's income to be equivalent to 144.97% of the federal poverty level.

MassHealth's representative testified that the appellant's Standard benefit was terminated through a notice dated May 13, 2025. This notice calculated the household's income to be 160% of the federal poverty level, but it had only included 3 of the appellant's children in the household. On May 20, 2025, the appellant called to update her household size. MassHealth recalculated the appellant's household income to be 145% of the federal poverty level. The appellant's children all continued to be covered by the Standard benefit, but the appellant was not eligible.

The appellant testified that she suffers from a rare autoimmune condition. The appellant's family has employer-sponsored insurance, but the insurance does not cover all of the costs associated with the appellant's care, especially her medication costs. The appellant's spouse testified that he had changed jobs since last year, but that the income MassHealth had on file was generally accurate. The appellant was informed that they may provide updated paystubs, showing pre-tax deductions, if they would like to have their household income recalculated. MassHealth's representative explained that there are several medical conditions that could qualify the appellant for MassHealth coverage, even with income over 133% of the federal poverty. The appellant confirmed that she did not have breast or cervical cancer, and she was not pregnant.

The appellant testified that she submitted a Disability Supplement to the Disability Evaluation Services (DES) unit about 30 days prior to the hearing. It was suggested that she follow up with DES to confirm that they received a complete supplement, and MassHealth's representative testified that DES could take a while to review an application once they receive a completed supplement.

## **Findings of Fact**

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

- 1) The appellant has a household of 6 with her husband and her four children. The household's monthly countable income was verified to be \$5,393.36, using the family's 2024 tax return. (Testimony by MassHealth's representative.)
- 2) The appellant is between the ages of 20 and 65. (Exhibit 4.)

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- 3) The appellant completed a renewal application on or around May 13, 2025, and MassHealth terminated her MassHealth benefits based upon her household income. (Testimony by MassHealth's representative.)
- 4) The appellant updated her household size on May 20, 2025, and MassHealth recalculated the household income to be 145% of the federal poverty level. (Testimony by MassHealth's representative; Exhibit 1.)
- 5) The appellant's spouse has a new job, but the income MassHealth used in calculating the household's eligibility was correct. (Testimony by the appellant and appellant's spouse.)
- 6) The appellant has an autoimmune condition that requires medications that are not completely covered by her primary insurance. (Testimony by the appellant.)
- 7) The appellant is not pregnant, and she does not have breast or cervical cancer. (Testimony by the appellant.)
- 8) The appellant completed a Disability Supplement, but she has not heard back from DES regarding its determination. (Testimony by the appellant.)

## **Analysis and Conclusions of Law**

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below the relevant financial threshold. Financial eligibility is "determined by comparing the sum of all countable income ... for the individual's household ... with the applicable income standard for the specific coverage type." (130 CMR 505.007(A).)

Generally, applicants between the ages of 20 and 65 who seek MassHealth Standard or CarePlus benefits must have countable income under 133% of the federal poverty level.¹ (130 CMR 505.002(E), 505.008(A).) Pregnant individuals may be eligible for MassHealth Standard with income below 200% of the federal poverty level. (130 CMR 505.002(D).) Individuals breast or cervical cancer are eligible for the Standard benefit with income below 250% of the federal poverty level. (130 CMR 505.002(F).) Disabled adults between the ages of 19 and 64 can qualify for the CommonHealth program, regardless of their income by paying a monthly premium.² (See 130 CMR 505.004(B)-(C), 506.009.)

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<sup>&</sup>lt;sup>1</sup> Children younger than 19 are eligible for Standard coverage up to 150% of the federal poverty level and Family Assistance with income between 150% and 300% of the federal poverty level. (130 CMR 505.002(B)505.005(B).)

<sup>&</sup>lt;sup>2</sup> MassHealth no longer requires disabled members under the age of 65 to meet a one-time deductible or work 40 hours per month. (EOM 23-28 (Dec. 2023).)

For individuals under the age of 65, countable income includes the total amount of taxable income received by everyone in a member's household "after allowable deductions on the U.S Individual Tax Return," and specifically includes "social security benefits." (130 CMR 506.003(B); see also 130 CMR 506.002.) Countable monthly income is calculated by subtracting "[f]ive percentage points of the current federal poverty level (FPL) ... 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).)

The federal poverty level for a household of 6 in 2025 is \$3,596 per month. Five percent of the federal poverty level is \$179.80. The appellant verified their income using their federal tax return from 2024. After allowable deductions, the appellant's monthly income was \$5,393.36. Once reduced by 5%, the countable monthly income of \$5,213.56 equates to 144.98% of the federal poverty level. I can find no error with MassHealth's calculation. Since the appellant's spouse has changed jobs, any new calculation would require the appellant to reverify their household income. Because the appellant's household income is over 133% of the federal poverty level, MassHealth was correct that the appellant is ineligible for MassHealth benefits at this time. (130 CMR 505.002(E).) This appeal is DENIED.

The appellant completed a Disability Supplement, but MassHealth had not finished reviewing it as of the hearing. Any new notices issued after this disability review is completed must be separately appealed.

#### Order for MassHealth

None.

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## **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.

Christopher Jones Hearing Officer Board of Hearings

Cc:

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

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