

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510684
Decision Date:	11/14/2025	Hearing Date:	08/20/2025
Hearing Officer:	Alexandra Shube	Record Open to:	09/26/2025

Appearance for Appellant:



Appearance for MassHealth:

Via telephone:

Timothy O'Donnell, 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:	Eligibility – Under 65; Income
Decision Date:	11/14/2025	Hearing Date:	08/20/2025
MassHealth’s Rep.:	Timothy O’Donnell	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 July 2, 2025, MassHealth downgraded appellant’s coverage from MassHealth Standard to the Health Safety Net (Exhibit 1). The appellant filed this appeal in a timely manner on July 21, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Downgrade in assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth downgraded appellant’s MassHealth Standard coverage to the Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is no longer eligible for MassHealth benefits.

Summary of Evidence

The MassHealth representative and appellant 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 two, consisting of the appellant and her minor child. On July 2, 2025, MassHealth informed the appellant that she did not qualify for MassHealth benefits because she was over the allowable income limit. Further, the MassHealth Standard benefits the appellant was receiving through Transitional Medical Assistance (TMA) would be terminated because the TMA period ended. The appellant had previously been receiving MassHealth Standard through TMA from June 23, 2024 (after updating her job and income) through June 30, 2025. During that time, there was no change in income. On July 2, 2025, MassHealth ran the appellant's case and determined she had income of \$2,957.23 gross per month, which is 162.79% of the Federal Poverty Level (FPL). The income limit to qualify for MassHealth benefits as a non-disabled adult under the age of 65 is 133% of the FPL, or \$2,345 for a household of two. As the TMA period had ended and the appellant was over the allowable income limit, MassHealth issued its notice on July 2, 2025 informing the appellant that her benefits would change from MassHealth Standard to the Health Safety Net and her MassHealth Standard benefits would terminate on August 31, 2025. This is the notice under appeal.

The appellant confirmed that her income was accurate; however, she testified that she recently underwent a psychological assessment and has two new diagnoses [REDACTED] as of June 2025. She submitted a copy of the psychological assessment report with her fair hearing request.

The MassHealth representative testified that there was no verified disability on file for the appellant.¹ He explained that if the appellant submits a completed Adult Disability Supplement to Disability Evaluation Services (DES) and is determined disabled by DES, she may become eligible for MassHealth CommonHealth, which does not have an income limit. Currently, the appellant's MassHealth Standard benefits are protected during the appeal process through aid pending.

The record in this appeal was held open until September 26, 2025 to allow time for the appellant to submit the Adult Disability Supplement to DES while her benefits were still protected by aid pending. This hearing officer did not hear from the appellant by the close of the record open period. As of October 20, 2025, MassHealth did not have a disability determination from DES.

¹ He noted that the appellant's child has a verified disability and could potentially qualify for MassHealth CommonHealth, but this was not at issue in the appeal.

Findings of Fact

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

1. On July 2, 2025, MassHealth informed the appellant that she did not qualify for MassHealth benefits because she was over the allowable income limit and she had been getting benefits through a program called TMA, but the TMA period has ended (Testimony and Exhibit 1).
2. On July 21, 2025, the appellant filed a timely appeal (Exhibit 2).
3. The appellant's most recently verified gross monthly income is \$2,957.23, or 162.79% of the FPL for a household of two (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 two is \$2,345 gross monthly (Testimony).
5. The appellant does not have a verified disability; however, she testified that she has two new diagnoses based on a recent psychological assessment (Testimony and Exhibit 2).
6. The record in this appeal was held open until September 26, 2025 to allow time for the appellant to submit the Adult Disability Supplement to DES while her benefits were still protected by aid pending (Exhibit 5).
7. As of October 20, 2025, MassHealth did not have a disability determination from DES (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,² disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents,

² "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

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

(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, as a parent or a caretaker relative of a child younger 19 years of age, the appellant is eligible for MassHealth Standard; however, under 130 CMR 505.002(C)(1)(a), the income limit for that coverage type is 133% of the FPL. For a household of two, that limit is \$2,345 gross monthly. It is undisputed that appellant's household gross monthly income of \$2,957.23 (or 162.79% of the FPL when five percentage points is subtracted) exceeded 133% of the FPL at the time of the July 2, 2025 notice and hearing. MassHealth did not err in determining that the appellant is over the allowable income limit to qualify for MassHealth benefits.

Furthermore, MassHealth correctly determined that the TMA period had ended, pursuant to 130 CMR 505.002(L).

MassHealth allows for the continuation of benefits following an increase in household income under the following circumstances:

(3) Members of a MassHealth MAGI household who receive MassHealth Standard (whether or not they receive TAFDC³) and have earnings that raise the MassHealth MAGI household's modified adjusted gross income above 133% of the federal poverty level (FPL) continue to receive MassHealth Standard for a full 12-calendar-month period that begins with the date on which the members MAGI exceeds 133% of the federal poverty level (FPL) if

(a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;

(b) a parent or caretaker relative continues to be employed;

³ Transitional Aid to Families with Dependent Children. 130 CMR 505.002(A)(3).

- (c) the parent or caretaker relative complies with 130 CMR 505.002(M); and
- (d) the member is a citizen or a qualified noncitizen.

(4) MassHealth independently reviews the continued eligibility of the TAFDC, EAEDC⁴, and MassHealth MAGI households at the end of the extended period described in 130 CMR 505.002(L)(1) through (3).

(5) If an individual in a MassHealth MAGI household who receives MassHealth under 130 CMR 505.002(L)(1) or (2) had income at or below 133% of the FPL during their extended period, and now has income including earnings that raise the MassHealth MAGI modified adjusted gross income above that limit, the MassHealth MAGI household is eligible for another full 12-calendar-month period that begins with the date on which the member's MAGI exceeds 133% of the federal poverty level (FPL) if

- (a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;
- (b) a parent or caretaker relative continues to be employed; and
- (c) the parent or caretaker relative complies with 130 CMR 505.002(M).

(6) If a MassHealth MAGI household's modified adjusted gross income decreases to 133% of the FPL or below during its extended eligibility period, and the decrease is timely reported to MassHealth, the MassHealth MAGI household's eligibility for MassHealth Standard may be redetermined. If the MassHealth MAGI household's gross income later increases above 133% of the FPL, the MassHealth MAGI household is eligible for a new extended eligibility period.

130 CMR 505.002(L)(3), (5), (6).

The appellant was continuously eligible for a one-year period from June 2024 through June 2025 pursuant to 130 CMR 505.002(L)(3). There was no evidence presented demonstrating that appellant's income had fallen below 133% of the FPL during the TMA period. MassHealth did not err in terminating this coverage based on 130 CMR 505.002(L).

At the time of the hearing, the appellant did not have a verified disability on file. The appellant was advised at hearing and in record open communications to complete the Adult Disability Supplement and submit it to DES for review, but she has not done so yet.⁵

⁴ Emergency Aid to the Elderly, Disabled and Children. 130 CMR 505.002(A)(4).

⁵ 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 800-888-3420.

Accordingly, as MassHealth correctly determined that the appellant is over the allowable income limit and no longer qualifies for TMA, this appeal is denied.⁶

Order for MassHealth

None, other than to 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.

Alexandra Shube
Hearing Officer
Board of Hearings

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

⁶ 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.