

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



|                         |                 |                        |            |
|-------------------------|-----------------|------------------------|------------|
| <b>Appeal Decision:</b> | Denied          | <b>Appeal Number:</b>  | 2510916    |
| <b>Decision Date:</b>   | 10/16/2025      | <b>Hearing Date:</b>   | 08/27/2025 |
| <b>Hearing Officer:</b> | Alexandra Shube | <b>Record Open to:</b> | 08/29/2025 |

**Appearance for Appellant:**

*Via Teams Video:*



**Appearance for MassHealth:**

*Via Teams Video:*

Lashaun Kelley, 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>            | Under 65; Eligibility;<br>Over Income |
| <b>Decision Date:</b>     | 10/16/2025                     | <b>Hearing Date:</b>     | 08/27/2025                            |
| <b>MassHealth's Rep.:</b> | Lashaun Kelley                 | <b>Appellant's Rep.:</b> | Pro se                                |
| <b>Hearing Location:</b>  | Quincy Harbor South,<br>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 July 7, 2025, MassHealth informed the appellant that he did not qualify for MassHealth benefits because he was over the allowable income limit (Exhibit 1). The appellant filed this appeal in a timely manner on July 24, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

The record in this appeal was held open until August 29, 2025.

### Action Taken by MassHealth

MassHealth informed the appellant that he did not qualify for MassHealth benefits because he 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 he was over the allowable income limit.

## Summary of Evidence

The appellant and MassHealth representative both appeared at hearing via Teams video hearing. The MassHealth representative testified as follows: the appellant is an adult between the ages of [REDACTED] with a household size of one. On July 7, 2025, MassHealth informed the appellant that he did not qualify for MassHealth benefits because he was over the allowable income limit. The appellant's most recently verified gross monthly income is \$4,594 which is 347% of the Federal Poverty Level (FPL). The income limit to qualify for MassHealth benefits as a non-disabled adult between the ages of [REDACTED] 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 July notice under appeal.

As background, the MassHealth representative explained that MassHealth sent the appellant a notice on February 19, 2025 informing him that the Adult Disability Supplement needed to be submitted to Disability Evaluation Services (DES), but it was never returned and there is no recent review or disability determination in the system. While the system indicates that the appellant has Medicare, there was no federal disability match. Without a disability in the system, his MassHealth CommonHealth terminated on April 8, 2025. MassHealth received proof of income on May 9, 2025 and verified it on May 14, 2025. As he was no longer eligible for MassHealth CommonHealth when MassHealth processed his income and he was over the allowable income limit, MassHealth issued an over income denial on May 14, 2025. A similar over income notice went out on July 7, 2025, which is the notice under appeal.

The appellant did not dispute his income, but stated that he did not receive anything in the mail and did not know he needed to renew his disability status. He was on disability through Social Security and has a spinal cord injury. He also stated that he had received overtime recently, but that overtime has ended.

The record was held open until August 29, 2025 for MassHealth to re-run the appellant's case and try to find a match for a federal disability through Social Security. The appellant understood that if no disability match was found, he should complete the Adult Disability Supplement and submit it to DES. A PDF copy of the Disability Supplement was attached to the record open email. He was also advised that he could update his income at any time.

On August 29, 2025, MassHealth informed parties that she and her management team reviewed the appellant's case. All systems were analyzed to locate any verified disability, but no match was found. She stated that the appellant should proceed with the Disability Supplement and he could also submit recent paystubs. She also mailed a copy of the Disability Supplement to the appellant at the address on file.

Prior to issuing this decision, this hearing officer checked with parties via email on October 10, 2025 to see if MassHealth had received any disability determination from DES. The MassHealth representative stated that she double checked all systems and there was no active disability determination from DES.

## Findings of Fact

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

1. On July 7, 2025, MassHealth notified the appellant that he was not eligible for MassHealth benefits because he was over the allowable income limit (Testimony and Exhibit 1).
2. On July 24, 2025, the appellant filed a timely appeal (Exhibit 2).
3. The appellant's most recently verified gross monthly income is \$4,594, or 347% of the FPL (Testimony).
4. To qualify for MassHealth benefits as a non-disabled adult between the ages of [REDACTED] an applicant must be at or below 133% of the FPL, which for a household of one is \$1,735 gross monthly (Testimony).
5. The appellant did not submit an Adult Disability Supplement in time to renew his disability status. As such, his disability was removed from the system and he was no longer eligible for MassHealth CommonHealth when MassHealth verified his income, and he was over the allowable income limit. (Testimony).
6. The record was held open until August 29, 2025 for MassHealth to re-run the appellant's case and try to find a match for a federal disability through Social Security (Exhibit 5).
7. At the close of the record open period, MassHealth informed parties that all systems were analyzed to locate any verified disability, but no match was found (Exhibit 5).
8. The appellant was advised to submit the Adult Disability Supplement to DES for review. A copy was sent to him via email and mail. He was also informed that he could update his income with MassHealth at any time. (Testimony and Exhibit 5).
9. As of October 10, 2025, there was no active 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,<sup>1</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) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults [REDACTED] 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.

---

<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged [REDACTED]

(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 \$4,594, or 352% of the FPL. After deducting five percentage points of the current FPL, the appellant's countable income is 347% of the FPL. Based on this figure, he is over the income limit for MassHealth CarePlus benefits.

At the time of hearing, the appellant did not have a disability status on file. During a brief record open period, MassHealth could not locate any verified federal disability. 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 he has not done so yet.<sup>2</sup>

As the appellant is over the income limit for MassHealth benefits, the MassHealth determination in the July 7, 2025 notice was correct and the appeal is denied.<sup>3</sup>

## 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.

---

Alexandra Shube  
Hearing Officer  
Board of Hearings

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

---

<sup>2</sup> 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.

<sup>3</sup> 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.