

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512299
Decision Date:	11/13/2025	Hearing Date:	10/03/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherri Paiva – 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:	11/13/2025	Hearing Date:	10/03/2025
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 3, 2025, MassHealth terminated the appellant's MassHealth benefits, effective August 31, 2025, because her income is too high to qualify. (Exhibit 1; 130 CMR 506.007.) The appellant filed this appeal in a timely manner on August 21, 2025, and her benefits are protected pending the outcome of this appeal. (Exhibit 2; 130 CMR 610.015(B); 610.036.) Termination of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth terminated the appellant's CommonHealth benefits because the appellant did not submit the form needed to complete a disability review.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.000 and 506.000, in determining that the appellant's income is too high to qualify for benefits if she is not deemed disabled.

Summary of Evidence

The appellant testified that she had been found disabled by MassHealth a few years ago after she contracted long Covid. MassHealth's representative testified that the appellant's disability status was up for review this year, but she did not return the disability review that was sent to her. MassHealth has on file that the appellant is an individual tax filer with bi-weekly gross income of \$1,904.70. This income means that the appellant is over 300% of the federal poverty level, which is why she is ineligible for MassHealth benefits in the absence of a disability finding.

The appellant testified that she has since completed a disability supplement and is waiting to hear back from the Disability Evaluation Services (DES) department.¹ MassHealth's representative testified that the computer system reflected that DES had found the appellant not disabled on September 16, 2025. The appellant was informed that she would need to file a separate appeal to have her disability reviewed. The appellant testified that she worked as a PCA for two people, but that she had multiple medical conditions in addition to long Covid. The appellant asked that a decision be issued for her files.

Findings of Fact

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

- 1) The appellant is a single tax filer with bi-weekly gross income of \$1,904.70. (Testimony by MassHealth's representative.)
- 2) The appellant has long Covid and other medical conditions, upon which she had been found disabled by MassHealth. (Testimony by the appellant; Exhibit 5.)
- 3) MassHealth requested that the appellant complete a disability supplement to recertify her disability. When MassHealth did not receive the supplement, the agency redetermined her eligibility as if she were not disabled. (Testimony by MassHealth's representative; Exhibit 1.)
- 4) The appellant has since submitted a disability supplement and been found not disabled. (Testimony by MassHealth's representative.)

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

¹ The appellant initially testified that she had heard from DES and been informed that they were administratively extending her MassHealth benefits for 90 days. It was determined that this letter came from the Board of Hearings and described the appellant's case being placed in Aid Pending.

below the relevant financial thresholds. 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 ■■■ who seek MassHealth Standard or CarePlus benefits must have countable income under 133% of the federal poverty level. (130 CMR 505.002(E), 505.008(A).) Disabled adults between the ages of ■■■ can qualify for the CommonHealth program, regardless of their income by paying a monthly premium. (See 130 CMR 505.004(B)-(C), 506.009.) Children younger than ■■■ 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).)

For individuals under the age of ■■■ 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.) Monthly income is derived by multiplying average weekly income by 4.333, and “[f]ive 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).)

The federal poverty level for an individual in 2025 is \$1,305 per month. The appellant’s weekly income would be \$952.35; multiplied by 4.333, this equates to monthly income of \$4,126.53. The resulting federal poverty level is currently 316.2% or 311% once 5% is disregarded. Because the appellant’s income is over 133% of the federal poverty level, MassHealth was correct that she is ineligible for MassHealth unless she were disabled. (130 CMR 505.002(E).) Therefore, this appeal is DENIED.

The disability determination must be separately appealed if the appellant wishes to review how MassHealth came to that determination.

Order for MassHealth

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.

Christopher Jones
Hearing Officer
Board of Hearings

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