

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied in part; Approved in part	Appeal Number:	2512866
Decision Date:	11/4/2025	Hearing Date:	09/22/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Katelyn Costello, Quincy ME



*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 in part; Approved in part	Issue:	Community Eligibility-Under 65- Income
Decision Date:	11/4/2025	Hearing Date:	09/22/2025
MassHealth's Rep.:	Katelyn Costello	Appellant's Rep.:	Pro se
Hearing Location:	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 August 26, 2025, MassHealth informed Appellant that coverage would end on September 30, 2025 because income exceeds program limits (130 CMR 506.007 and Exhibit 1). Appellant filed this appeal in a timely manner on September 4, 2025 and has been receiving a continuation of coverage pending the appeal (130 CMR 610.015(B), 610.036 and Exhibit 2). Termination of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

Through a notice dated August 26, 2025, MassHealth informed Appellant that coverage would end on September 30, 2025 because income exceeds program limits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007, in terminating Appellant's coverage because income exceeds program limits.

Summary of Evidence

MassHealth testified that Appellant is a household size of one person who was determined to be disabled on March 23, 2006. On July 25, 2025, MassHealth sent a Continuing Disability Review (CDR) to Appellant. MassHealth explained that a CDR must be completed to determine whether a member continues to meet disability criteria. The CDR was not returned to MassHealth, and on August 26, 2025, MassHealth determined Appellant's eligibility as a non-disabled household size of one person. Appellant is employed with monthly income of \$4,550. Because income exceeds 133% of the federal poverty level, \$1,735, Appellant was determined ineligible for MassHealth coverage. His MassHealth coverage was scheduled to terminate on September 30, 2025. MassHealth testified that Appellant is currently receiving MassHealth CommonHealth coverage and Premium Assistance because coverage was protected during the appeal process. MassHealth confirmed that Appellant's CDR was returned to Disability Evaluation Services (DES) on August 29, 2025 and is complete and pending review.

Appellant verified household size and income and testified that he has a non-curable diagnosis that is currently stable, but requires expensive medication therapy. He added that he lives alone and cannot afford the medication he needs to remain stable. Appellant testified that he received Supplemental Security Income (SSI) in the past, but is no longer receiving SSI benefits.

Findings of Fact

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

1. Appellant is between 21 and 65 years of age.
2. Appellant is a household size of one person who was determined to be disabled on [REDACTED] 2006.
3. On July 25, 2025, MassHealth sent a Continuing Disability Review (CDR) to Appellant. The CDR was not returned to MassHealth; and on August 26, 2025, MassHealth determined Appellant's eligibility as a non-disabled household size of one person.
4. Appellant is employed with monthly income of \$4,550.
5. 100% of the federal poverty level for one person is \$1,305.
6. 133% of the federal poverty level for one person is \$1,735.
7. Appellant received Supplemental Security Income (SSI) in the past. but is no longer receiving SSI benefits.

8. Appellant is currently receiving MassHealth CommonHealth and Premium Assistance coverage because coverage was protected during the appeal process.
9. Appellant's CDR was returned to DES on August 29, 2025, and is complete and pending review.

Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits (130 CMR 501.003(A)). MassHealth offers several coverage types (130 CMR 501.003(B)). The coverage type for which an individual is eligible is based on their income and circumstances (130 CMR 515.003(B)). Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries

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. Pursuant to 130 CMR 506.003, countable household income includes earned income described in 130 CMR 506.003(A) as the total amount of taxable compensation received for work or services performed less pretax deductions. Appellant did not testify to or document any of the allowable expenses under 506.003(D)¹; however, Appellant can update changes in

¹ See 130 CMR 506.003(D) Deductions. Under federal law, the following deductions are allowed when calculating

income and applicable expenses to MassHealth at any time. Income of all household members forms the basis for establishing an individual's eligibility (130 CMR 506.007). The MassHealth agency multiplies average weekly income by 4.333 (130 CMR 506.007(A)(2)(c)). Five percentage points of the current federal poverty level (FPL) is then subtracted from the applicable household total countable income to determine the eligibility of the individual under the coverage type with the highest income standard (130 CMR 506.007(A)(3)). Appellant is between 21 and 65 years of age. Total monthly household income is \$4,550, or 343% of the federal poverty level for MassHealth eligibility purposes [$\$4,550 - \$65.25 \times 5 = \$4,484$] [$\$4,484 \div \$1,305 \times 100 = 343\%$]. MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of one [$\$1,735$] making Appellant ineligible for MassHealth CarePlus (130 CMR 505.008(A)).³ Because Appellant's disability status is pending, and he is not otherwise categorically eligible for a MassHealth coverage type, MassHealth correctly denied coverage. Appellant can direct any questions about the Health Connector to 1-877-623-6765 and Health Safety Net to 877-910-2100.

MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

² 5% of \$1,305.

³ 130 CMR 505.008(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.
- (2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *MassHealth: Managed Care Requirements* and must meet the following conditions.
 - (a) The individual is an adult 21 through 64 years old.
 - (b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.
 - (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.
 - (d) The individual is ineligible for MassHealth Standard.
 - (e) The adult complies with 130 CMR 505.008(C).
 - (f) The individual is not enrolled in or eligible for Medicare Parts A or B.

The appeal is DENIED insofar as the appellant is not currently eligible for MassHealth, but is approved in that his coverage remains protected subject to the order below.

Order for MassHealth

Continue aid pending protection until a disability determination is made by Disability Evaluation Services, and then redetermine eligibility and issue new notice.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Thomas J. Goode
Hearing Officer
Board of Hearings

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