

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514446
<b>Decision Date:</b>	10/30/2025	<b>Hearing Date:</b>	10/29/2025
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Lorena Garcia, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility-under 65-Income
<b>Decision Date:</b>	10/30/2025	<b>Hearing Date:</b>	10/29/2025
<b>MassHealth's Rep.:</b>	Lorena Garcia	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	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 September 16, 2025, MassHealth notified Appellant that he is not MassHealth eligible due to income that exceeds program limits (130 CMR 505.001, 506.007, 505.008 and Exhibit 1). Appellant filed this appeal in a timely manner on October 3, 2025 (130 CMR 610.015(B), 610.036 and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth determined that Appellant is not MassHealth eligible due to income that exceeds program limits.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 505.008, 506.007 in determining that Appellant is not MassHealth eligible due to income that exceeds program limits.

## Summary of Evidence

The MassHealth representative testified that Appellant is between 21 and 65 years of age. Appellant was previously determined disabled and was receiving CommonHealth coverage. On February 7, 2025, MassHealth/Disability Evaluation Services (DES) issued notice informing Appellant that he must complete and return a Continuing Disability Review (CDR). A completed CDR was not returned, and on June 27, 2025 CommonHealth coverage was terminated. An appeal was not filed. By notice dated September 16, 2025, MassHealth determined that Appellant is not MassHealth eligible because his income exceeds program limits. Appellant is a household size of one person and is no longer considered disabled for MassHealth eligibility purposes. Appellant is a tax-filer. Appellant reported \$950 weekly income from employment, which equates to \$4,116 monthly income and 310% of the federal poverty level. MassHealth testified that because income exceeds 133% of the federal poverty level, \$1,735, and Appellant is not otherwise categorically eligible for a MassHealth coverage type, a denial notice issued on September 16, 2025. MassHealth added that on October 23, 2025, DES notified MassHealth that Appellant's CDR remained incomplete.

Appellant verified household size and income and stated that he does not claim his child as a tax dependent. Appellant testified that he has insurance through his employer and relied on CommonHealth coverage for medication co-pays related to type 1 Diabetes. Appellant added that he thought he had completed the CDR form completely and will contact DES for information about the status of the CDR.

## **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 was previously determined disabled and was receiving CommonHealth coverage.
3. On February 7, 2025, MassHealth/Disability Evaluation Services (DES) issued notice informing Appellant that he must complete and return a Continuing Disability Review (CDR). A completed CDR was not returned, and on June 27, 2025 CommonHealth coverage terminated. An appeal was not filed.
4. Appellant is a household size of one non-disabled person for MassHealth eligibility purposes.
5. Appellant files taxes with no tax dependents.
6. Monthly household income is \$950 weekly from employment, which equates to \$4,116 monthly income.

7. 100% of the federal poverty level for a household size of one is \$1,305.
8. 133% of the federal poverty level for a household size of one person is \$1,735.
9. On October 23, 2025, DES notified MassHealth that Appellant's CDR remained incomplete.

## **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)<sup>1</sup>; however, Appellant can update changes in 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. Appellant was previously determined disabled and was receiving CommonHealth coverage. On February 7, 2025, MassHealth/Disability Evaluation Services (DES) issued notice informing Appellant that he must complete and return a Continuing Disability Review (CDR). A completed CDR was not returned, and, on June 27, 2025, CommonHealth coverage terminated. Appellant testified that he returned the CDR; however, on October 23, 2025, DES notified MassHealth that Appellant's CDR remains incomplete. Therefore, MassHealth correctly determined Appellant's MassHealth eligibility as a non-disabled individual. Total weekly earned income is \$950 which equates to \$4,116 monthly income,<sup>2</sup> and 310% of the federal poverty level for MassHealth eligibility purposes [ $\$4,116 - \$65.25 \times 5 = \$4,050.75$ ] [ $\$4,050.75 \div \$1,305 \times 100 = 310\%$ ]. 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)).<sup>4</sup>

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

<sup>2</sup>  $\$950 \times 4.333 = \$4,116$ .

<sup>3</sup> 5% of \$1,305.

<sup>4</sup> 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

Because Appellant is not otherwise categorically eligible for a MassHealth coverage type at this time, 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. Appellant can also call DES at 888-497-9890 to inquire about the status of the CDR.

The appeal is DENIED.

## 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.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

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

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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.