

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2514980
Decision Date:	12/3/2025	Hearing Date:	11/19/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Marcus Levine, Charlestown MEC

Interpreter:



*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:	12/3/2025	Hearing Date:	11/19/2025
MassHealth’s Rep.:	Marcus Levine	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	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 October 7, 2025, MassHealth approved the appellant’s child for MassHealth CommonHealth starting on October 6, 2023, with a premium of \$24.00 per month. See 130 CMR 505.002, 130 CMR 505.004, 130 CMR 506.011, and Exhibit 1. The appellant filed this appeal in a timely manner on October 14, 2025. See 130 CMR 610.015(B) and Exhibit 2. MassHealth’s decision to suspend, reduce, terminate, or restrict a member’s assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the appellant’s child for MassHealth CommonHealth starting on October 6, 2023, with a premium of \$24.00 per month.

Issue

Whether MassHealth was correct in approving the appellant’s child for CommonHealth pursuant to 130 CMR 505.002, 130 CMR 505.004, and 130 CMR 506.011.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center. The appellant appeared pro se and through an interpreter verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant lives in a household size of four which includes her spouse and two children. The appellant's child whose benefits are at issue in this appeal is under the age of [REDACTED] and has been deemed disabled by MassHealth. The child has had MassHealth CommonHealth coverage since October 6, 2023. On October 2, 2025, the appellant provided updated paystubs to MassHealth and MassHealth verified the total household income as \$5,208.99 per month. This amount equates to 189.43% of the federal poverty level (FPL) for a household of four which exceeds the limit for MassHealth Standard.¹ He testified that through a notice dated October 7, 2025, MassHealth approved the appellant's child for MassHealth CommonHealth starting on October 3, 2023, with a premium of \$24.00 per month.² This is the same coverage that the child has had since 2023.

The appellant's mother verified the household size and income. She added that her child's providers have terminated his services because he does not have MassHealth Standard coverage. She requested that her child's MassHealth Standard coverage be restored so that he can continue receiving services. The MassHealth representative repeated that her child has had MassHealth CommonHealth since 2023 which has not changed. He added that MassHealth CommonHealth has the same coverage as MassHealth Standard. He advised the appellant's mother to contact his service providers and request an explanation.

Findings of Fact

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

1. The appellant lives in a household size of four which includes her spouse and two children. (Testimony).
2. The appellant's child has been deemed disabled by MassHealth. (Testimony).
3. The child has had MassHealth CommonHealth coverage since October 6, 2023. (Testimony)

¹ The figure provided by the MassHealth representative incorrectly reflected the applicable eligibility standard at 133% of the FPL. However, the regulations cited *infra* establish that the correct income threshold for MassHealth benefits for children under [REDACTED] is 150% of the FPL, which equates to a monthly income of \$4,019.00 for a household of four. See 130 CMR 505.002(B)(2).

² This premium has been waived due to the Qualified Health Plan (QHP) exemption. See Exhibit 5.

and Exhibit 4).

4. On October 2, 2025, the appellant provided updated paystubs to MassHealth and MassHealth verified the total household income as \$5,208.99 per month. (Testimony).
5. The income limit to receive MassHealth Standard for a child under ■ is \$4,019.00 per month for a household of four. (Federal Poverty Guidelines).
6. On October 7, 2025, MassHealth approved the appellant's child for MassHealth CommonHealth starting on October 3, 2023, with a premium of \$24.00 per month. (Testimony and Exhibit 1).
7. The appellant filed this appeal in a timely manner on October 14, 2025. (Exhibit 2).

Analysis and Conclusions of Law

Generally, MassHealth regulations at 130 CMR 505.000 explain the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements **and** financial standards.

The coverage types are set forth at 130 CMR 505.001(A) 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 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 ■ 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, CommonHealth, or CarePlus; (5) MassHealth 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 (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

A child one through ■ years old is eligible for MassHealth Standard coverage if: 1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level; and 2. the child is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A): Lawfully Present Immigrants. See 130 CMR 505.002(B)(2)(a).

In this case, the appellant is appealing the determination of benefits for her child who is younger than ■ years old. Thus, her child is categorically eligible for MassHealth Standard. The question then becomes whether the child meets the income requirements to qualify.

Per MAGI³ rules, the appellant verified that she lives in a household of four, including her spouse and two children. The appellant verified her total household income of \$5,208.99 per month from employment. Five percentage points of the current FPL for a household of four is \$134.00 ($\$2,680.00 \times 5\% = \134.00). See 130 CMR 506.007(A)(3). After deducting five percentage points of the FPL from the appellant's total household income ($\$5,208.99 - \134.00), the appellant's countable income equals \$5,074.99. Based on current MassHealth Income Standards and Federal Poverty Guidelines, the income limit for MassHealth Standard for a disabled child in a household of four is 150% of the FPL, or \$4,019.00 per month. See 130 CMR 505.002(B)(2). As such, the appellant's child is not financially eligible for MassHealth Standard.

The regulations at 130 CMR 505.004 contain the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults. Disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2).⁴ See 130 CMR 506.011(I).

³ Once the individual's household size is established, her MassHealth MAGI household income is determined in the following manner:

(2)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.

See 130 CMR 506.007(A).

⁴ The premiums are not in dispute in this case and they have been waived due to the Qualified Health Plan (QHP) exemption . See Exhibit 5.

Disabled children younger than ■ years old must meet the following requirements to qualify for MassHealth CommonHealth:

- (1) be permanently and totally disabled, as defined in 130 CMR 501.001: Definition of Terms;
- (2) be ineligible for MassHealth Standard; and
- (3) be a citizen as described at 130 CMR 504.002: U.S. Citizens, lawfully present immigrant, or a nonqualified PRUCOL, as described in 130 CMR 504.003: Immigrants.

See 130 CMR 505.004(G).

Accordingly, the appellant's child meets both the categorical requirements and financial standards for CommonHealth coverage. Thus, I find that MassHealth correctly approved the appellant's child for MassHealth CommonHealth. See *id.* Although the appellant asserts that her child's services were discontinued due to the loss of MassHealth Standard, the record establishes that the child has had MassHealth CommonHealth since 2023 and that no change in coverage has occurred. See Exhibit 4. If any services have been discontinued, that issue must be addressed directly with the providers, as it does not arise from any action or determination by MassHealth.

For the foregoing reasons, 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529
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