

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515249
Decision Date:	12/2/2025	Hearing Date:	11/17/2025
Hearing Officer:	Thomas J. Goode	Record Open to:	11/24/2025

Appearance for Appellant:
Pro se with Case Manager

Appearance for MassHealth:
Shanell Santiago, 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

Appeal Decision:	Denied	Issue:	Community Eligibility-Under 65-Income
Decision Date:	12/2/2025	Hearing Date:	11/17/2025
MassHealth's Rep.:	Shanell Santiago	Appellant's Rep.:	Pro se with Case Manager
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 September 29, 2025, MassHealth denied Appellant's application for MassHealth benefits because it determined that income exceeds program limits (130 CMR 506.007 and Exhibit 1). Appellant filed this appeal in a timely manner on October 20, 2025 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). The hearing record remained open until November 24, 2025 to allow MassHealth to review Appellant's disability status through Social Security and to review Appellant's updated income (Exhibits 4, 13).

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth benefits because it determined that income exceeds program limits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 506.007, in determining that Appellant's income exceeds program limits.

Summary of Evidence

Appellant is over [REDACTED] years of age and less than 65 years of age. According to MassHealth records, Appellant is a household size of one non-disabled person. Appellant returned a job update on September 29, 2025 and reported earned income totaling \$679.50 weekly which equates to \$2,942.23 monthly. MassHealth testified that household earned income equates to 220% of the federal poverty level, which exceeds 133% of the federal poverty level, \$1,735. MassHealth testified that Appellant was receiving MassHealth Standard coverage from June 13, 2025 through September 24, 2025 as an individual receiving services through the Department of Mental Health and had lower gross income totaling \$403 per week. Appellant's increased income resulted in a termination of Standard coverage because current income exceeds 133% of the federal poverty level, \$1,735. MassHealth also testified that Appellant self-attested a disability on November 3, 2024. MassHealth sent Appellant a disability supplement on February 21, 2025 which MassHealth testified was not returned and the self-attested disability was removed on April 9, 2025. MassHealth also testified that MassHealth records do not show a pending disability supplement submitted to Disability Evaluation Services.

Appellant appeared with a Case Manager from a substance use facility. Appellant testified that she has a diagnosis of Cerebral Palsy and that she completed the disability form and returned it to Disability Evaluation Services (DES), but has not contacted DES to verify the status of the supplement. Appellant's case manager testified that Appellant has been determined disabled by Social Security and is eligible for Medicare parts A and B, which should support a disability status through Social Security (Exhibit 4, pp. 1-3 and Exhibit 6). Appellant also testified that she was in foster care in the past. Appellant testified that she works at Fed-Ex, and the income she reported to MassHealth is higher than her usual income of \$450 gross per week. During a record open period, MassHealth submitted an inquiry to Social Security to verify whether Appellant has a current disability status through Social Security. The Social Security match shows an application date of October 23, 2024, a disability onset date of October 23, 2024, and a disability denial date of November 8, 2024 (Exhibits 4, 5). Also during the hearing record open period, Appellant forwarded her two most recent paystubs which MassHealth reviewed. MassHealth determined that income averages to \$502.72 weekly, or \$2,178.29 per month, and equates to 162.03% of the federal poverty level (Exhibit 4, p. 6 and Exhibit 7). Appellant's Case Manager emphasized that Appellant has been determined disabled by Social Security and her disabling condition has not ended. Appellant's Case Manager argued that Appellant should be considered disabled because she remains eligible for Medicare Parts A and B regardless of whether Social Security reported she is not considered currently disabled (Exhibits 4, 6, 8).

Findings of Fact

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

1. Appellant is more than ■ years of age and less than 65 years of age.
2. Appellant is a household size of one.
3. Appellant returned a job update on September 29, 2025 and reported earned income totaling \$679.50 weekly which equates to \$2,942.23 monthly and 220% of the federal poverty level.
4. Appellant's two most recent paystubs show gross earning for October 26, 2025 – November 1, 2025: \$460.98; and November 2, 2025 -November 8, 2025: \$620.14. Gross income averages to \$540.56 weekly, and \$2,342.24 per month.
5. 133% of the federal poverty level for a household size of one person is \$1,735.
6. Appellant receives services through the Department of Mental Health.
7. Appellant self-attested a disability on November 3, 2024. MassHealth sent Appellant a disability supplement on February 21, 2025 which was not returned, and the self-attested disability was removed on April 9, 2025.
8. MassHealth records do not show a pending disability supplement submitted to Disability Evaluation Services.
9. Appellant has a diagnosis of Cerebral Palsy.
10. Appellant is receiving Medicare parts A and B.
11. MassHealth submitted an inquiry to Social Security to verify whether Appellant has a current disability status through Social Security; the Social Security match shows an application date of October 23, 2024, a disability onset date of October 23, 2024, and a disability denial date of November 8, 2024.

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 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

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) are 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 over [REDACTED] years of age and under 65 years of age. Appellant's two most recent paystubs record gross earnings from October 26, 2025 – November 1, 2025: \$460.98; and from November 2, 2025-November 8, 2025: \$620.14, Gross income averages to \$540.56 weekly, \$2,342.24 per month, and equates to 174.48% of the federal poverty level for MassHealth eligibility purposes [$\$2,342.24 - \$65.25^2 = \$2,276.99$] [$\$2,276.99/\$1,305 \times 100 = 174.48\%$].³ MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of one [$\$1,735$].

Appellant has the burden to demonstrate the invalidity of the MassHealth action.⁴ MassHealth records show that Appellant was determined disabled by Social Security with an onset date of October 23, 2024 and a denial date of November 8, 2024 (Exhibit 5). It is possible that the SSA determination of not disabled is the result of Substantial Gainful Activity (SGA) exceeding SSA program limits⁵; however, it is not within the hearing officer's purview to determine why Appellant is no longer considered disabled by SSA. Appellant presented evidence that she is currently enrolled in Medicare Parts A and B in support of her position that she should still be considered disabled by SSA and therefore by MassHealth (Exhibit 6). While Medicare Part A and B eligibility are evidence that Appellant has been determined disabled by SSA and received 24 months of benefits through SSA, the evidence is not sufficient to override SSA and MassHealth records showing that she is not currently considered disabled by SSA as of November 8, 2024.⁶

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 Although it does not affect the outcome of the appeal, Appellant's two most recent paystubs show income that is higher than MassHealth calculated. See Finding of Fact No. 4 and Exhibit 7.

⁴ See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 Page 9 of Appeal No.: 2309752 (2002); *Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn.*, 11 Mass. App. Ct. 333, 334 (1981); *Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance*, 45 Mass. App. Ct. 386, 390 (1998).

⁵ See <https://www.ssa.gov/oact/cola/sga.html>. SGA is waived in disability determinations made by DES for MassHealth eligibility purposes.

⁶ See Exhibit 8: SSA Medicare Eligibility, submitted by Appellant's Case Manager which states at page 9 "[i]f you're

Appellant should contact SSA to clarify her disability status; however, for purposes of determining MassHealth eligibility, Appellant has not carried the burden of proof in showing that she is currently disabled through SSA. Appellant also self-attested a disability on a November 2024 MassHealth application, and a disability supplement was sent to her on February 21, 2025 which was due back to Disability Evaluation Services (DES) by April 22, 2025 (Exhibit 9).⁷ The disability supplement was not returned and MassHealth did not find a disability supplement pending with DES. Therefore, Appellant is not categorically eligible for MassHealth Standard or CommonHealth as a disabled individual because she is not currently deemed disabled by SSA and has not been determined disabled by DES/MassHealth (130 CMR 505.002(E)(2)).⁸ Appellant should submit a disability supplement to DES as soon as possible. Moreover, eligibility for Standard coverage as a Former Foster-Care Individual ends at [REDACTED] years of age (130 CMR 505.002 (H)(1)(a)). Further, as an individual who is receiving services through the Department of Mental Health, Appellant is categorically eligible for MassHealth Standard coverage; however, because income exceeds 133% of the federal poverty level, \$1,735, she is not financially eligible for Standard coverage under the DMH category (130 CMR 505.002(I)(2)), nor is she eligible for MassHealth CarePlus (130 CMR 505.008(A)).⁹ For the foregoing reasons, the appeal is DENIED.

Order for MassHealth

under 65 and have a disability, you'll automatically get Part A and Part B after you get disability benefits from Social Security for 24 months." How SSA determined Appellant's current disability status is outside the scope of this appeal; Appellant's enrollment in Medicare Parts A and B shows that she was determined disabled by SSA in the past and received 24 months of SSA benefits, but does not conclusively show a current disability status as SSA reported to MassHealth a status of not disabled as of November 8, 2024 (Exhibit 5).

⁷ Additional notices sent to Appellant are introduced into the hearing record by the hearing officer and marked Exhibits 9-13 (130 CMR 610.065(B)(7)).

⁸ 130 CMR 505.002(E)(2) Determination of Disability. Disability is established by

- (a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
- (b) a determination of disability by the SSA; or
- (c) a determination of disability by the Disability Evaluation Services (DES).

⁹ 130 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.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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