

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved; remanded	<b>Appeal Number:</b>	2518480
<b>Decision Date:</b>	1/27/2026	<b>Hearing Date:</b>	1/13/2026
<b>Hearing Officer:</b>	Cynthia Kopka	<b>Record Open to:</b>	1/20/2026

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Ricardo Nunez Soto, Charlestown 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>	Approved; remanded	<b>Issue:</b>	Community eligibility, under 65, income and assets
<b>Decision Date:</b>	1/27/2026	<b>Hearing Date:</b>	1/13/2026
<b>MassHealth's Rep.:</b>	Ricardo Nunez Soto	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown (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

By notice dated November 28, 2025, MassHealth notified Appellant that her coverage would end effective December 12, 2025 for failure to renew. Exhibit 1. Appellant filed a timely request for hearing on December 15, 2025. Exhibit 2. 130 CMR 610.015(B). Termination of assistance is a valid basis for appeal. 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth notified Appellant that her coverage would end effective December 12, 2025 for failure to renew.

## Issue

The appeal issue is whether MassHealth was correct in determining that Appellant no longer qualified for MassHealth Standard.

## Summary of Evidence

The MassHealth representative appeared by phone and testified as follows. Appellant is in a household of one and is under the age of 65. Appellant is disabled and receives monthly Social Security income. On November 28, 2025, MassHealth notified Appellant that her MassHealth Standard with Buy-In would end effective December 12, 2025 for failure to renew. Exhibit 1. Appellant submitted the renewal, which was processed on November 28, 2025. MassHealth determined that Appellant's gross monthly income from Social Security is \$1,753, which exceeds MassHealth's eligibility threshold for a household of one, which is \$1,305. Additionally, MassHealth's system reflected that Appellant's assets exceed the limit of \$2,000. The MassHealth representative identified three bank accounts of Appellant's identified through the asset verification system: an [REDACTED] checking account with a balance of \$387, a [REDACTED] checking account ending [REDACTED] with a balance of \$13,868 and a [REDACTED] savings account ending [REDACTED] with a balance of \$4,023.

The MassHealth representative testified that Appellant is eligible for MassHealth CommonHealth with no monthly premium and a Medicare Savings Program plan which will cover Appellant's Medicare premium. At the time of hearing, Appellant was also open on MassHealth Standard through the Department of Mental Health (DMH). The hearing record was held open for the MassHealth representative to confirm if the DMH determination would take priority over MassHealth's change in coverage type.

Appellant testified that she only received a cost-of-living increase from her Social Security. Appellant inquired whether she could still get her benefits through OneCare when her coverage changed to CommonHealth. Appellant receives vital medication for cancer treatment through OneCare. The MassHealth representative speculated that OneCare may not be available for CommonHealth members. However, Appellant could take other measures to try to qualify for MassHealth Standard, such as completing a PCA supplement or applying for the Frail Elder Waiver (FEW). For eligibility, Appellant would have to verify that her assets have been reduced.

Appellant testified that the two [REDACTED] accounts are not hers. The MassHealth representative testified that Appellant could obtain a letter from the bank confirming that she is not named on those accounts. The MassHealth representative confirmed that Appellant would also be automatically enrolled in an MSP plan when her coverage changed to CommonHealth.<sup>1</sup> Exhibit 4.

After hearing, the MassHealth representative confirmed that Appellant's MassHealth account is open in MassHealth's system for determining eligibility for individuals over the age of 65. Exhibit 4. However, Appellant's eligibility may be established with the regulations for individuals under the age of 65. *Id.* These regulations do not consider an applicant's assets and have a higher threshold for income eligibility. The MassHealth representative testified that Appellant would need to

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<sup>1</sup> MassHealth will cover a CommonHealth member's Medicare premium if their income is at or below 135% of the FPL. 130 CMR 505.004(L)(1), 130 CMR 519.012(D)(1).

complete an under-65 application. *Id.* It was not clear why Appellant's benefits were administered through the over-65 system.

## Findings of Fact

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

1. Appellant is in a household of one and is under 65.
2. Appellant is disabled and receives Medicare.
3. Appellant's monthly income is \$1,753 from Social Security.
4. In 2025, 100% of the monthly FPL for a household of one was \$1,304; 133% of the FPL was \$1,735.00.

## Analysis and Conclusions of Law

At issue here is MassHealth's determination that Appellant no longer qualifies for MassHealth Standard and coverage of her Medicare premium.

MassHealth has different regulations for eligibility based on an applicant or member's age and/or circumstances. The regulations found at 130 CMR 515.000 through 522.000: *Other Division Programs* provide the MassHealth requirements for persons who are institutionalized, 65 years of age or older, or who would be institutionalized without community-based services. 130 CMR 515.002(B). The regulations found at 130 CMR 501.000 through 508.000 provide the MassHealth requirements for, *inter alia*, individuals or couples who are younger than 65 years old and not institutionalized. 130 CMR 515.002(C).

Here, MassHealth determined Appellant's eligibility based on the rules for individuals over 65 as contained in 130 CMR 515.000 through 522.000. It was not clear at hearing why Appellant was open in the over-65 system, and the MassHealth representative confirmed after hearing that Appellant could have her eligibility determined with the under-65 rules, though Appellant would have to complete a separate application.

For individuals under 65, MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (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 – for certain Medicare beneficiaries.

130 CMR 505.001(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. MassHealth determines financial eligibility based on an applicant's modified adjusted gross income. MassHealth takes the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) and subtracts deductions described in 130 CMR 506.003(D). 130 CMR 506.007. Per 130 CMR 506.003, the regulatory definitions of earned income, unearned income and deductions are as follows:

(A) Earned Income.

- (1) Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.
- (2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.
- (3) Earned income from S-Corporations or Partnerships is the total amount of taxable annual profit (or loss) after deducting business expenses listed or allowable on a U.S. Individual Tax Return.
- (4) Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or

accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination.

(B) Unearned Income.

(1) Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return.

(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

(C) Rental Income. Rental income is the total amount of taxable income less any deductions listed or allowable on an applicant's or member's U.S. Individual Tax Return.

(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.

To be eligible for MassHealth Standard as a disabled adult, Appellant's monthly income would have to be less than or equal to 133% of the FPL. 130 CMR 505.002(E)(1)(b). Members who receive services from DMH are also eligible for MassHealth Standard if under 65 and have income less than

or equal to 133% of the FPL. 130 CMR 505.002(I)(1) and (2). MassHealth subtracts five percentage points from the FPL when determining eligibility. 130 CMR 506.007(A)(3).

Appellant's monthly income is \$1,753, which is 134.43% of the FPL. Deducting five percentage points brings Appellant's monthly income to 129.43% of the FPL. As Appellant's income is below 133% of the FPL for a household of one, Appellant is eligible for MassHealth Standard pursuant to 130 CMR 505.002(E)(1)(b) or 130 CMR 505.002(I)(2). Appellant is also eligible for MassHealth to pay her Medicare premium pursuant to 130 CMR 505.002(O).

As Appellant meets the eligibility criteria for MassHealth Standard based on the facts presented at hearing but needs to complete an application to be transferred to the other system, this appeal is approved and remanded back to MassHealth to provide Appellant the correct application and maintain her coverage until she has had an opportunity to complete the application. Alternatively, Appellant may find the application online at <https://www.mass.gov/how-to/apply-for-masshealth-the-health-safety-net-or-the-childrens-medical-security-plan> or complete the application over the phone by calling MassHealth Customer Service at 800-841-2900 and following the prompts for applicants under the age of 65.

## **Order for MassHealth**

Approve Appellant's MassHealth Standard with Medicare coverage with no gap in coverage, and mail to Appellant the proper application for under 65 benefits to complete.

## **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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529  
Main Street, Suite 1M, Charlestown, MA 02129