

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied and Remanded	Appeal Number:	2519025
Decision Date:	01/27/2026	Hearing Date:	01/22/2026
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Michael Richelson, 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 and Remanded	Issue:	Community Eligibility – over 65; Assets; Excess Assets; Income
Decision Date:	01/27/2026	Hearing Date:	01/22/2026
MassHealth’s Rep.:	Michael Richelson	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 December 10, 2025, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant had more countable income and assets than MassHealth benefits allow. 130 CMR 519.005; 130 CMR 520.003; 130 CMR 520.009; and Exhibit 1. The appellant filed this appeal in a timely manner on December 19, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of an application or request for assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant had more countable income and assets than MassHealth benefits allow.

Issue

Whether MassHealth was correct, pursuant to 130 CMR 519.005, 130 CMR 520.003, and 130 CMR

520.009, in determining that the appellant had more countable income and assets than MassHealth benefits allow.

Summary of Evidence

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

The MassHealth representative testified that the appellant is a disabled adult over the age of 65 and lives in a household of one. The appellant had MassHealth CommonHealth from June 18, 2018 to December 15, 2025. On August 18, 2025, the appellant submitted a renewal application which indicated that he was not employed. The processing of the appellant's renewal application was completed on December 10, 2025. As a result, the appellant's benefits were terminated because he is over 65 years of age, not employed, and his income and assets exceeded the allowed threshold for MassHealth benefits. MassHealth calculated a deductible amount of \$15,702.00 for the period of December 1, 2025 to June 1, 2026. If the appellant meets that deductible, he may be able to get benefits at that point. The MassHealth representative stated that the appellant receives \$3,187.00 per month from the Social Security Administration and \$137.00 per month from a pension. This income is over the federal poverty level of \$1,305.00 per month for a household of one. He added that the appellant has a total of \$143,363.98 in his bank accounts and annuity. This amount also exceeds the allowed threshold of \$2,000.00 or less in countable assets. Thus, the appellant does not currently qualify for MassHealth Standard but may qualify for CommonHealth if he is employed for at least 40 hours per month and presents MassHealth with a letter from the employer confirming this arrangement.

The appellant confirmed his assets, and household size, but contested his total income. He confirmed his income from the Social Security Administration but stated that he does not have a pension. He expressed concern that without his MassHealth benefits, he will be unable to complete his cancer treatment for neck cancer. He added that he is not currently employed and is unable to perform any tasks due to his medical condition. He expressed confusion regarding MassHealth's requirement of employment since he has not been employed since August 2015. The MassHealth representative responded that MassHealth was unaware of the appellant's lack of employment until he submitted a renewal application in August 2025.

Findings of Fact

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

1. The appellant is a disabled adult over the age 65 and lives in a household of one. (Testimony and Exhibit 4).

2. The appellant had MassHealth CommonHealth from June 18, 2018 to December 15, 2025. (Testimony).
3. On August 18, 2025, the appellant submitted a renewal application which indicated that he was not employed. (Testimony).
4. The appellant receives \$3,187.00 per month from the Social Security Administration. (Testimony).
5. This income is over the federal poverty level of \$1,305.00 per month for a household of one. (Testimony and Federal Poverty Guidelines).
6. The appellant has a total of \$143,363.98 in his bank accounts and annuity. (Testimony).
7. This amount exceeds the allowed threshold of \$2,000.00 or less in countable assets. (Testimony).
8. Through a notice dated December 10, 2025, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant had more countable income and assets than MassHealth benefits allow. (Testimony and Exhibit 1).
9. MassHealth calculated a deductible amount of \$15,702.00 for the period of December 1, 2025 to June 1, 2026. (Testimony and Exhibit 1).
10. The appellant filed this appeal in a timely manner on December 19, 2025. (Exhibit 2).

Analysis and Conclusions of Law

MassHealth administers and is responsible for delivery of healthcare benefits to MassHealth members. See 130 CMR 515.002. Eligibility for MassHealth benefits differs depending on an applicant's age. Regulations 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, and certain Medicare beneficiaries. See 130 CMR 515.002(B).

Here, the appellant is over the age of 65. As such, the appellant's eligibility for MassHealth benefits will be determined by the requirements set forth in Volume II. See id.

MassHealth regulation at 130 CMR 519.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial

responsibility and the calculation of financial eligibility are detailed in 130 CMR 520.000: MassHealth: Financial Eligibility. See 130 CMR 519.001(A). The MassHealth coverage types available to individuals 65 years of age and older, institutionalized individuals, and those who would be institutionalized without community-based services are the following: (1) MassHealth Standard; (2) MassHealth Limited; (3) Medicare Savings Programs (MSP) for Qualified Medicare Beneficiaries (QMB) (Senior Buy-In); (4) Medicare Savings Programs (MSP) for Specified Low Income Medicare Beneficiaries and Qualifying Individuals (Buy-In); (5) MassHealth CommonHealth; and (6) MassHealth Family Assistance. (C) Determining Eligibility. See 130 CMR 519.001(B). The MassHealth agency determines eligibility for the most comprehensive coverage available to the applicant. See 130 CMR 519.0019(C).

Noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

- (1) the countable-income amount, as defined in 130 CMR 520.009: Countable-income Amount, of the individual or couple is less than or equal to 100% of the federal poverty level; and
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

See 130 CMR 519.005(A).

An individual's countable income amount refers to the individual's gross earned and unearned income¹ less certain business expenses and standard income deductions. See 130 CMR 520.009. MassHealth allows a \$20 deduction per individual or couple from the member's total gross unearned income. See 130 CMR 520.013(A).

Here, the appellant's uncontested monthly income is \$3,187.00 per month from Social Security.² Less the \$20 deduction, the appellant's income equals \$3,167.00 per month. Based on the current MassHealth Income Standards and Federal Poverty Guidelines, the income limit for MassHealth Standard is 100% of the FPL, or \$1,305.00 per month for an individual over the age of 65 living in a household size of one. See <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>. As such, the appellant's income exceeds the allowed threshold by MassHealth.

¹ Unearned income includes, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, federal veterans' benefits, rental income, interest, and dividend income. See 130 CMR 520.009(D).

² The monthly pension payment of \$137.00 was contested by the appellant and could not be verified by the MassHealth representative during the hearing. As such, it will not be considered in this decision.

It is also uncontested that the appellant's countable assets total \$143,363.98, consisting of cash in bank accounts and annuity. This amount exceeds the allowed threshold by MassHealth of \$2,000.00 or less in countable assets. Thus, MassHealth correctly concluded that the appellant does not qualify for MassHealth Standard coverage because he has more countable income and assets than MassHealth benefits allow.³

Lastly, since the monthly pension of \$137.00 was contested by the appellant and unverified by MassHealth, the deductible calculated by MassHealth is no longer accurate. See 130 CMR 520.028. As such and for the foregoing reasons, this appeal is DENIED and REMANDED to MassHealth for the recalculation of the deductible consistent with this decision.

Order for MassHealth

Recalculate the appellant's deductible amount based on the lower income consistent with this decision.

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

³ It should be noted, as discussed during the hearing, the appellant is a disabled adult over the age of 65 and may qualify for MassHealth CommonHealth if he meets the requirements of 130 CMR 505.004(B)(2)(be employed at least 40 hours per month), (3)(be permanently and totally disabled), and (5)(be ineligible for MassHealth Standard). See 130 CMR 519.012(A)(1). If and when the appellant is able to establish such qualifications, a new determination will be issued by MassHealth which will have its own appeal rights.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290