

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed; Remand	Appeal Number:	2416838
Decision Date:	1/17/2025	Hearing Date:	12/03/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Sherri Paiva, MEC; Yvette Pryor, RN,
UMass/DES; Eileen Cynamon, BSN, RN,
UMass/DES



*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:	Dismiss; Remand	Issue:	Community Eligibility – Under 65 – Income; Disability
Decision Date:	1/17/2025	Hearing Date:	12/03/2024
MassHealth's Reps.:	Sherri Paiva, MEC; Yvette Pryor, RN, UMass/DES; Eileen Cynamon, BSN, RN, UMass/DES	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center	Aid Pending:	Yes

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated 10/25/2024, MassHealth notified the appellant that he does not meet MassHealth disability requirements (130 CMR 505.002; Exhibit 1A). By a second notice dated 10/25/2024, MassHealth notified the appellant that he is not eligible for MassHealth benefits because his income exceeds the program limits (130 CMR 501.001, 505.002, 505.005; Exhibit 1B).

The appellant filed a timely appeal on 11/04/2024 and he continues to receive MassHealth benefits pending the outcome of this appeal (130 CMR 610.015(B); Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

Whereas the appellant's MassHealth benefits have been protected pending this hearing decision; and whereas on 01/13/2025, the MassHealth representative from DES informed the hearing officer

that the appellant has subsequently been determined to be disabled¹, he may now qualify for MassHealth benefits.² Accordingly, this appeal is dismissed and remanded to MassHealth for an eligibility decision based on the MassHealth determination that the appellant is “disabled.”

Order for MassHealth

Based on the DES decision that the appellant is disabled, re-determine eligibility. Inform appellant of the decision and include appeal rights.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

¹ See Exhibit 5.

² See 130 CMR 505.004.