

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied in part; Remanded	Appeal Number:	2417848
Decision Date:	2/21/2025	Hearing Date:	01/10/2025
Hearing Officer:	Radha Tilva	Record Open to:	02/10/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherianne Paiva, Taunton MEC Rep.



*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 in part; Remanded	Issue:	Eligibility – under 65 – income and disability
Decision Date:	2/21/2025	Hearing Date:	01/10/2025
MassHealth’s Rep.:	Sherrienne Paiva	Appellant’s Rep.:	Pro se
Hearing Location:	Telephonic	Aid Pending:	Yes

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 November 18, 2024, MassHealth informed appellant that it was downgrading her coverage from MassHealth Standard to Health Safety Net because of a change in her circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on November 20, 2024, and her benefits were protected pending the appeal (see 130 CMR 610.015(B) and Exhibit 2). Denial or termination of assistance is valid grounds for appeal (see 130 CMR 610.032).

The record was held open for the MassHealth representative to mail a Disability Supplement to the appellant and for appellant to submit to MassHealth Disability Evaluation Services (DES). On February 10, 2025, the MassHealth representative stated that a disability supplement from the appellant was received by MassHealth on January 29, 2025 and DES requested, on February 5, 2025, a medical release from for one of her doctors (Exhibit 5).

Action Taken by MassHealth

MassHealth moved to downgrade appellant’s MassHealth coverage because of a change in her circumstances.

Issue

The appeal issue is whether MassHealth was correct in downgrading appellant's MassHealth coverage.

Summary of Evidence

The MassHealth representative that appeared at hearing testified that appellant has had MassHealth Standard coverage since 2018. The appellant had that coverage because she listed she had a condition, specifically cervical cancer, which made her categorically eligible for MassHealth Standard. On May 21, 2024, MassHealth DES (Disability Evaluation Services) sent a disability supplement to appellant for her to complete. As MassHealth received no response, it issued the notice on appeal and removed the disability designation on December 3, 2024. The MassHealth representative further explained that appellant's income on file, of over \$60,527.00, annually, now exceeds the income limit for MassHealth Standard benefits, as she is at approximately 290% of the federal poverty level. The appellant has a household size of two, and to be eligible for MassHealth Standard as a result of a cervical cancer diagnosis, the applicant must have income at or below 250% of the federal poverty level. It was explained to appellant that if she is deemed disabled, she may be eligible for MassHealth CommonHealth.

The appellant stated that she did a disability supplement over the telephone. She testified that she was told that she qualified for MassHealth benefits over the phone. The appellant did not dispute her income. The MassHealth representative stated that MassHealth has not received a disability supplement and also testified that MassHealth does not do disability supplements over the telephone. It was explained to appellant that a disability review may be requested periodically by MassHealth, and that the appellant must complete one at this point for MassHealth to determine if she's disabled.

The record was held open for MassHealth to send a disability supplement. On February 10, 2025, the MassHealth representative stated that DES received a supplement on January 29, 2025 (Exhibit 5). Appellant did not include a medical release for one of her doctors, which MassHealth requested on February 5, 2025 (*Id.*).

Findings of Fact

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

1. Appellant has had MassHealth Standard coverage since 2018, as a result of listing that she had a diagnosis of cervical cancer.

2. On May 21, 2024, MassHealth DES sent a disability supplement for appellant to complete.
3. The completed supplement was not received, and on November 18, 2024, MassHealth issued the notice under appeal downgrading appellant's coverage.
4. The appellant timely appealed, and her MassHealth Standard benefits stayed active due to aid pending protection placed by the Board of Hearings.
5. The appellant's disability status was removed from MassHealth's computer system on December 3, 2024.
6. The appellant stated that she was told by a MassHealth worker on the phone that she was eligible for the same benefits.
7. The appellant has a household size of two and gross annual income of approximately \$60,527.00, which puts her at 290% of the federal poverty level.
8. The income limit for an applicant with breast or cervical cancer is 250% of the 2024 federal poverty level.
9. A disability supplement was mailed to appellant to complete in order to determine her eligibility for MassHealth CommonHealth.
10. MassHealth received appellant's disability supplement on January 29, 2025; however, no disability decision had been made as of February 10, 2025.

Analysis and Conclusions of Law

At issue in this case is MassHealth's determination that the appellant is no longer eligible for MassHealth benefits. Under 130 CMR 505.002(F), the income limit for a MassHealth Standard recipient who has breast or cervical cancer is 250% of the federal poverty level which for a household size of two is \$51,108, yearly.¹ The appellant's yearly income is \$60,527.00 per year, which puts her over the limit for MassHealth Standard benefits. To this extent, the MassHealth determination is correct. This portion of the appeal is DENIED.

However, the appellant has a pending disability application with MassHealth. If she is found disabled, and continues to work at least 40 hours per month, she may be eligible for MassHealth CommonHealth as a working disabled adult (see 130 CMR 505.004(B)). Because the issue of her disability has not been resolved, her MassHealth benefits should continue to be protected pending

¹ <https://www.mass.gov/doc/2024-masshealth-income-standards-and-federal-poverty-guidelines-0/download> (last visited February 20, 2025).

the outcome of MassHealth's disability determination.

This appeal is denied in part and remanded.

Order for MassHealth

Maintain aid pending protection on the appellant's case pending the outcome of the DES disability evaluation. Once the disability determination is made, redetermine the appellant's MassHealth eligibility and provide notice to the appellant, with 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.

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.

Radha Tilva
Hearing Officer
Board of Hearings

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