

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Approved in part	Appeal Number:	2504459
Decision Date:	06/03/2025	Hearing Date:	4/15/2025
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:



Appearances for MassHealth:

Lashaun Kelley, Quincy MEC
Eileen Cynamon, 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:	Dismissed in part; Approved in part	Issue:	Community eligibility, under 65, disability
Decision Date:	06/03/2025	Hearing Date:	4/15/2025
MassHealth's Reps.:	Lashaun Kelley, Eileen Cynamon	Appellant's Rep.:	██████
Hearing Location:	Quincy (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

By notice dated January 17, 2025, MassHealth downgraded Appellant's coverage from MassHealth CommonHealth to Health Safety Net, with CommonHealth ending on February 28, 2025. Exhibit 1. Appellant filed this appeal in a timely manner on March 18, 2025. Exhibit 2. 130 CMR 610.015(B). Termination, modification, or denial of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded Appellant's coverage from MassHealth CommonHealth to Health Safety Net.

Issue

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

Summary of Evidence

MassHealth was represented at virtual hearing by a representative from the University of Massachusetts Medical School Disability Evaluation Services (DES) and an eligibility representative. Appellant appeared on her own behalf.

On January 17, 2025, MassHealth notified Appellant that her coverage would downgrade from MassHealth CommonHealth to Health Safety Net, with CommonHealth ending after February 28, 2025. Exhibit 1. MassHealth notified Appellant that she no longer met the disability requirement for the CommonHealth benefit. *Id.* At the time of issuing this notice, MassHealth's system reflected that Appellant's household size was 2 and the household income was 296.85% of the 2025 federal poverty level (FPL).

The DES representative testified that Appellant had previously been determined disabled in 2023. DES had sent a request for Appellant to provide records for a continuing disability review, but did not receive sufficient information. *Id.* At hearing, the DES reviewer confirmed that DES had received the information needed and was able to determine that Appellant continued to be disabled as defined by the regulations. Exhibit 5. The DES representative testified that Appellant has not shown medical improvement and therefore the conditions of disability were present at the time of Appellant's termination from CommonHealth on February 28, 2025.

The MassHealth eligibility representative confirmed that Appellant's disability status was updated in the system. At hearing, MassHealth confirmed Appellant's updated income and household size. At the time of the termination, MassHealth calculated the household monthly income to be \$2,515.00 per month for Appellant and \$2,626.00 per month for her spouse, for a total monthly income of \$5,141.00. Appellant testified that her income was correct, but her spouse had seasonal employment, which averaged \$31,000.00 yearly. The MassHealth representative testified that she was able to verify the spouse's income electronically and update the income without verification.

Based on the information provided, MassHealth approved Appellant for MassHealth CommonHealth effective April 5, 2025 with a monthly premium of \$104.00. Exhibit 4. This was based on a household of two and income that was 286.72% of the 2025 FPL. *Id.* Appellant requested retroactive coverage to the date she had been terminated, as she had incurred medical expenses during the gap in coverage.

Findings of Fact

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

1. Appellant is in a household of two and under the age of 65.
2. Appellant's monthly income is \$2,515.00.

3. Appellant's spouse is employed seasonally and averages \$31,000.00 per year.
4. In 2025, the monthly FPL for a household of two is \$1,763.00 monthly and \$21,156.00 yearly.
5. On January 17, 2025, MassHealth notified Appellant that her CommonHealth coverage would end on February 28, 2025. Exhibit 1.
6. Appellant filed this timely appeal on March 17, 2025. Exhibit 2.
7. At hearing, DES testified that Appellant met disability criteria as of the date of termination, February 28, 2025, with no medical improvement. Exhibit 5.
8. On April 15, 2025, MassHealth notified Appellant that she was eligible for MassHealth CommonHealth effective April 5, 2025. Exhibit 4.

Analysis and Conclusions of Law

DES overturned the prior determination of Appellant's disability status and determined that Appellant was disabled as defined by 130 CMR 501.001. To the extent MassHealth denied Appellant's eligibility based on her disability status, this appeal is dismissed. 130 CMR 610.035(A)(8), 130 CMR 610.051(B), 130 CMR 610.083(C).

When DES updated Appellant's disability status, MassHealth determined that Appellant was eligible for CommonHealth effective April 5, 2025. Appellant seeks retroactive coverage to February 28, 2025, the date of termination. According to 130 CMR 610.071(A)(2) (emphasis added):

The hearing officer may not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. **The effective date of any adjustments to the appellant's eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.**

The DES representative testified that Appellant's disability was continuing with no medical improvement and therefore she met disability criteria on February 28, 2025, the date of termination. Appellant verified her income to MassHealth's satisfaction at hearing, and testified that it was based on Appellant's steady monthly long-term disability income and her spouse's seasonal income, for which she provided an average yearly income. Accordingly, Appellant has

demonstrated that she met the eligibility criteria for CommonHealth as of February 28, 2025, the termination date. Appellant is eligible for CommonHealth with a monthly premium of \$104.00 effective February 28, 2025.¹ This appeal is approved.

Order for MassHealth

Adjust Appellant's approval date for MassHealth CommonHealth to February 28, 2025.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

cc: DES Representative: U.Mass. Chan Medical School, Worcester, MA 01655

¹ MassHealth's calculation of the household monthly income at 286.72% of the FPL appears correct based on Appellant's testimony. MassHealth's calculation of the monthly CommonHealth premium of \$104 appears correct pursuant to 130 CMR 505.004(l) and 130 CMR 506.011(B)(2)(b).