

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505464
Decision Date:	7/1/2025	Hearing Date:	05/05/2025
Hearing Officer:	Christine Therrien	Record Open to:	05/19/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Michael Rossi, Quincy



*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	Issue:	Eligibility – Under 65
Decision Date:	7/1/2025	Hearing Date:	05/05/2025
MassHealth's Rep.:	Michael Rossi	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 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 3/17/24, MassHealth downgraded the appellant's MassHealth eligibility from CommonHealth to Health Safety Net (HSN) because the appellant no longer meets the disability criteria for CommonHealth. (130 CMR 505.002 and Exhibit 1). The appellant filed this appeal timely on 3/28/25. (130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth downgraded the appellant from CommonHealth to HSN.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002 and 130.505.004, in determining that the appellant no longer meets the eligibility criteria for CommonHealth.

Summary of Evidence

The MassHealth representative testified that the appellant, who is under 65, was previously determined disabled by Disability Evaluation Services (DES). The MassHealth representative testified that on 3/26/25, MassHealth received a disability tracking form from DES, which indicated the appellant's disability supplement was incomplete. The MassHealth representative testified that, due to the incomplete disability supplement, DES was unable to make a disability determination; therefore, the appellant no longer qualifies for CommonHealth. The MassHealth representative testified that until MassHealth receives a disability determination showing the appellant continues to be disabled, MassHealth cannot change the appellant's eligibility status. The appellant is over the income limit for any other MassHealth program. The appellant's income is \$2,875 a month, which is 209.7% of the Federal Poverty Level (FPL).

The appellant testified that he spoke with DES and was told that there was missing information on the disability supplement, which he has since provided. The appellant testified that he is waiting for DES to finish processing his case.

The hearing record was left open until 5/19/25 to allow the appellant and MassHealth the opportunity to receive the disability determination.

The disability determination was not received by the close of the hearing record, nor did the appellant request additional time to leave the record open.

Findings of Fact

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

1. The appellant, who is under 65, was previously determined disabled by DES.
2. On 3/26/25, MassHealth received a disability tracking form from DES, which indicated the appellant's disability supplement was incomplete.
3. Due to the incomplete disability supplement, DES was unable to make a disability determination; therefore, the appellant no longer qualifies for CommonHealth.
4. Through a notice dated 3/17/24, MassHealth downgraded the appellant's MassHealth eligibility from CommonHealth to Health Safety Net (HSN) because the appellant no longer meets the disability criteria for CommonHealth.
5. The appellant filed a timely appeal of the 3/17/24 notice with the Board of Hearings.
6. MassHealth cannot change the appellant's eligibility status until MassHealth receives a disability determination showing the appellant continues to remain disabled.

7. The appellant's income is \$2,875 a month, which is 209.7% of the FPL.
8. The appellant spoke with DES and was told that there was missing information on the disability supplement, which he has now provided.
9. The appellant is waiting for DES to finish processing his case.
10. The hearing record was left open until 5/19/25 to allow the appellant and MassHealth the opportunity to receive the disability determination.
11. The disability determination was not received by the close of the hearing record, nor did the appellant request additional time to leave the record open.

Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) Standard - for families (with minor children), pregnant women, children and disabled individuals, including extended benefits; must have income under 133% of federal poverty limit;
- (2) Prenatal - for pregnant women;
- (3) CommonHealth - for disabled adults, disabled children, and certain individuals who are HIV positive, and not eligible for MassHealth Standard;**
- (4) Family Assistance - for children, certain employed adults who have access to health insurance from their employers and have income under 200% of the federal poverty limit, and certain individuals who are HIV positive, and are not eligible for MassHealth Standard or CommonHealth;
- (5) Basic or Buy-In - for the long-term or chronically unemployed, and certain qualified aliens; and
- (6) Essential – for long-term unemployed who have income at or below 100% of the federal poverty limit and are not eligible for Basic; and
- (7) Limited coverage for non-qualified aliens and certain qualified aliens.

To be categorically eligible for MassHealth coverage, an individual must be either under the age of 19, a pregnant female, a parent living with children under the age of 19, have HIV, or have been determined disabled by either the Social Security Administration or DES.¹ The appellant did not meet any category to be eligible for MassHealth because the appellant's disability supplement had

¹ The appellant's income is \$2,875 a month, which is 209.7% of the FPL and over the limit for Standard.

not been processed by DES.

The applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of the MassHealth program. (130 CMR 515.008(A)). If the requested information is not received, MassHealth benefits may be denied. (130 CMR 516.001).

The hearing was left open to allow the appellant and MassHealth time to receive the disability determination. The appellant failed to verify eligibility by the close of the hearing record and therefore has not complied with the above-referenced regulations. The appellant does not meet any of the categories for MassHealth eligibility; therefore, this appeal is **denied**.

Order for MassHealth

None.

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.

Christine Therrien
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Cassandra Moura, Appeals Coordinator