

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505497
Decision Date:	6/23/2025	Hearing Date:	05/02/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Maribel Sepulveda, Springfield 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	Issue:	Community Eligibility—under 65; Income; Disability
Decision Date:	6/23/2025	Hearing Date:	05/02/2025
MassHealth's Rep.:	Maribel Sepulveda	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center (Telephone)	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 March 10, 2025, MassHealth notified the Appellant that it was downgrading her benefit from MassHealth CommonHealth plus Premium Assistance to Health Safety Net, effective April 30, 2025. 130 CMR 505.002(E), 130 CMR 505.004, and Exhibit 1. The Appellant filed this appeal in a timely manner on March 31, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded the Appellant's benefit from CommonHealth with Premium Assistance to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.004, in determining that the Appellant was no longer eligible for CommonHealth plus Premium Assistance.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult between the ages of [REDACTED]. The Appellant has a household of two, which includes the Appellant's child who is under the age of [REDACTED]. The MassHealth representative testified that the Appellant's household income is \$3,173/month, which is equal to 175.08% of the federal poverty level. The MassHealth representative testified that on March 1, 2025, Disability Evaluation Services found that the Appellant was not disabled and that prompted the March 10, 2025 downgrade notice. The MassHealth representative testified that Disability Evaluation Services received an incomplete disability supplement from the Appellant on March 28, 2025, and that Disability Evaluation Services notified the Appellant of that on April 17, 2025.

The Appellant verified her identity. The Appellant testified that she has Type 1 diabetes and that her disability will never go away. The Appellant testified that she had CommonHealth as secondary insurance, because she could not afford her diabetes medication otherwise. The Appellant testified that nothing has changed with her health condition. The Appellant agreed that the income information testified to by the MassHealth representative was correct. The Appellant also testified that because her primary insurance is employer-sponsored insurance, she also had been receiving Premium Assistance. The Appellant reiterated her concern that she cannot afford her diabetes medication on her own.

Findings of Fact

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

1. The Appellant has a household size of two, including her child, who is under the age of [REDACTED]. Testimony.
2. The Appellant's household income is 175.08% of the federal poverty level. Testimony.
3. The Appellant is an adult between the ages of [REDACTED]. Testimony; Exhibit 4.
4. MassHealth was notified by Disability Evaluation Services that the Appellant does not have a verified adult disability. Testimony.
5. On March 10, 2025, MassHealth notified the Appellant that her benefit was being downgraded to Health Safety Net. Exhibit 1.

6. On March 31, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.

Analysis and Conclusions of Law

MassHealth regulations provide:

505.002: MassHealth Standard

....

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than [REDACTED] years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of their children, or has children who are absent from home to attend school; or

2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

....

(E) Disabled Individuals.

(1) Disabled Adults. A disabled adult [REDACTED] years old or a disabled young adult [REDACTED] years old who does not meet the requirements described at 130 CMR 505.002(B)(3)(a)1. is eligible for MassHealth Standard coverage if they meet the following requirements:

(a) the individual is permanently and totally disabled as defined in 130 CMR 501.001: Definition of Terms;

(b) the modified adjusted gross income of the MassHealth Disabled Adult household as described in 130 CMR 506.002(C): *MassHealth Disabled Adult Household* is less than or equal to 133% of the federal poverty level (FPL), or the individual is eligible under section 1634 of the Social Security Act (42 U.S.C. § 1383c) as a disabled adult child or as a disabled widow or widower, or is eligible under the provisions of the Pickle Amendment as described at 130 CMR 519.003: *Pickle Amendment Cases*;

(c) the individual is a citizen as described in 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(d) the individual complies with 130 CMR 505.002(M).

- (2) Determination of Disability. Disability is established by
- (a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
 - (b) a determination of disability by the SSA; or
 - (c) a determination of disability by the Disability Evaluation Services (DES).
- (3) Extended MassHealth Eligibility. Disabled persons whose SSI disability assistance has been terminated and who are determined to be potentially eligible for MassHealth continue to receive MassHealth Standard until the MassHealth agency makes a determination of ineligibility.

130 CMR 505.002(C), (E).

505.004: MassHealth CommonHealth

(A) Overview.

- (1) 130 CMR 505.004 contains the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults.
- (2) Persons eligible for MassHealth CommonHealth coverage are eligible for medical benefits as described in 130 CMR 450.105(E): *MassHealth CommonHealth*.

(B) Disabled Working Adults. Disabled working adults must meet the following requirements:

- (1) be [REDACTED] years of age (for those [REDACTED] years of age or older, see 130 CMR 519.012: *MassHealth CommonHealth*);
- (2) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth's eligibility review;
- (3) be permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001: Definition of Terms;
- (4) be a citizen as described in 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*;
- (5) be ineligible for MassHealth Standard; and
- (6) comply with 130 CMR 505.004(J).

(C) Disabled Adults. Disabled adults must meet the following requirements:

- (1) be [REDACTED] years old;
- (2) be permanently and totally disabled, as defined in 130 CMR 501.001: Definition of Terms;
- (3) be ineligible for MassHealth Standard;
- (4) be a citizen as described in 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*;
- (5) (a) meet a one-time-only deductible in accordance with 130 CMR 506.009: The One-time Deductible; or

(b) have modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 200% of the federal poverty level (FPL) and provide verification that they are HIV positive; and
(6) comply with 130 CMR 505.004(J).

....

(H) Determination of Disability. Disability is established by

- (1) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
- (2) a determination of disability by the SSA; or
- (3) a determination of disability by the Disability Evaluation Services (DES).

130 CMR 505.004(A), (B), (C), (H).

Here, the Appellant does not dispute that her income is greater than 133% of the federal poverty level. Accordingly, she is not financially eligible for MassHealth Standard as a parent. 130 CMR 505.002(C)(1)(a). Regarding the Appellant's eligibility for CommonHealth, MassHealth requires that disability be established by a certification of legal blindness by the Massachusetts Commission for the Blind, or a determination by the Social Security Administration or Disability Evaluation Services. 130 CMR 505.004(H); *see also* 130 CMR 505.002(E)(2). According to MassHealth's testimony, Disability Evaluation Services found that the Appellant is not disabled, and the Appellant did not provide any contrary determination from the Social Security Administration or the Massachusetts Commission for the Blind.¹ I am very sorry about the Appellant's struggle to pay for her diabetes medication. However, the Appellant has not established that MassHealth erred in issuing the March 10, 2025 notice. Therefore, the 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

¹ If the Appellant completes a disability supplement and disagrees with a determination by the Disability Evaluation Services, she may also separately appeal that determination of disability.

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104