

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved; Remanded	<b>Appeal Number:</b>	2507809
<b>Decision Date:</b>	08/15/2025	<b>Hearing Date:</b>	06/24/2025
<b>Hearing Officer:</b>	Marc Tonaszuck	<b>Record Open to:</b>	07/07/2025

**Appearance for Appellant:**




**Appearance for MassHealth:**

Carmen Rivera



*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

<b>Appeal Decision:</b>	Approved; Remanded	<b>Issue:</b>	Community Eligibility – Under 65 – Disability
<b>Decision Date:</b>	08/15/2025	<b>Hearing Date:</b>	06/24/2025
<b>MassHealth's Rep.:</b>	Carmen Rivera	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Quincy Harbor South	<b>Aid Pending:</b>	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 04/22/2025, MassHealth informed the appellant that it determined he was not eligible for MassHealth benefits because the household's income exceeds the guidelines. MassHealth also informed the appellant that it planned to terminate his MassHealth CommonHealth benefits effective 05/06/2025 because he failed to timely return to MassHealth his completed disability supplement (130 CMR 506.007(B), 502.003; Exhibit 1). The appellant filed a timely appeal on 05/20/2025 (130 CMR 610.015(B) and Exhibit 2). Denial of benefits is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits on 05/06/2025.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

## Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing telephonically. The MassHealth representative testified that the notice at issue in this appeal is a termination of MassHealth CommonHealth benefits for the appellant based on his failure to return a completed disability supplement within by the due date.

The appellant is an adult male who lives in the community. He is part of a household of four people. The household's income is \$4,038.19 per month, which is 145.73% of the federal poverty level.

The appellant was last determined to be disabled in 2017. As a disabled individual with income over 133% of the federal poverty level, he was determined to be eligible for MassHealth CommonHealth benefits. On or about 01/31/2025, MassHealth mailed to the appellant a request to redetermine his disability determination. The disability application (supplement) was to be completed and returned to MassHealth by 04/01/2025. It was not returned to MassHealth by the due date and as a result, MassHealth determined that the appellant no longer meets the disability criteria. Without a disability determination, the household's income exceeds 133% of the federal poverty level, which is the income limit for MassHealth benefits.

On 04/22/2025, MassHealth informed the appellant that because he no longer meets the MassHealth disability criteria, he no longer is eligible for MassHealth benefits. MassHealth informed the appellant that he is eligible for Health Safety Net and he was referred to the Health Connector.

The appellant was represented in these proceedings by his father, who testified that the appellant was determined to be disabled by the Social Security Administration (SSA) with a disability onset of April 2004. He provided a copy of the SSA letter to the hearing record (Exhibit 4). He requested that the appellant's benefits be reinstated with no gap of coverage.

The MassHealth representative responded that she did not know if she could accept the SSA letter as verification of the appellant's disability. She requested that the record remain open so she could check with a supervisor. Her request was granted, and the record remained open until 06/27/2025 for MassHealth's submission and until 07/07/2025 for the appellant's response (Exhibit 5).

MassHealth made no submission during the record open period.<sup>1</sup>

## Findings of Fact

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

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<sup>1</sup> MassHealth made a submission after the deadline. It was not accepted into the hearing record.

1. The appellant is between the ages of 19 and 64 and he lives in the community as part of a household of four people (Testimony).
2. The appellant's household has countable income of \$4,038.00 per month (Testimony).
3. 133% of the federal poverty limit for a household of four is \$3,564.00 (03/2025).
4. The appellant was approved for MassHealth CommonHealth benefits in 2017, having been determined to be disabled.
5. On or about 01/31/2025, MassHealth mailed to the appellant a continuing disability supplement, with instructions that it be completed and returned to MassHealth by 04/01/2025.
6. MassHealth did not receive a completed disability supplement from the appellant by 04/01/2025.
7. On 04/22/2025, MassHealth removed the disability determination from the appellant's case and informed him that he was no longer eligible for MassHealth benefits because the household's income is over 133% of the federal poverty level. MassHealth informed the appellant it would terminate his MassHealth CommonHealth benefits on 05/06/2025.
8. The appellant filed a timely appeal on 05/20/2025 (Exhibit 2).
9. A fair hearing was held on 04/24/2025. The appellant appeared telephonically, as did the MassHealth representative (Exhibit 3).
10. At the fair hearing, the appellant's representative provided a letter from the Social Security Administration, indicating that the appellant was determined to be disabled with a disability onset date of April 2004 (Exhibit 4).

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);**
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;**

- (3) MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) for certain Medicare beneficiaries.

***(Emphasis added.)***

Regulations at 130 CMR 505.002(E) address MassHealth eligibility for disabled adults as follows:

- (1) Disabled Adults. A disabled adult 21 through 64 years old or a disabled young adult 19 through 20 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.

(See 130 CMR 505.002. **Emphasis added.**)

MassHealth determined that the appellant is not eligible for MassHealth benefits because he did not return a completed disability supplement to MassHealth by its deadline. Without a disability

determination, the appellant is not eligible for MassHealth benefits because the household's income exceeds 133% of the FPL and he does not meet MassHealth's disability requirements.

At the fair hearing, the appellant's representative provided proof that the appellant meets SSA disability requirements, with a disability onset date of April 2004. The MassHealth representative testified that she could not accept a letter from the Social Security Administration as proof that the appellant is disabled. When the hearing officer asked her to confirm with her supervisor why the SSA letter was not acceptable, the MassHealth representative requested that the record remain open for response. She made no submission during the record open period.

Pursuant to the above regulation, MassHealth should have accepted the letter from the Social Security Administration and therefore it erred in notifying the appellant that he was not disabled and therefore not eligible for MassHealth benefits. Accordingly, this appeal is remanded to MassHealth to redetermine eligibility based on the appellant's disability determination by SSA with a disability onset date of April 2004.

## **Order for MassHealth**

Rescind the denial notice dated 04/22/2025. Determine the appellant to meet MassHealth's disability criteria with a disability onset date of April 2004. Redetermine eligibility using 05/06/2025 as a start date for benefits, closing any gap of coverage. Notify the appellant of the eligibility determination and include appeal rights.

## **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.

## **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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

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