Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2507946
Decision Date:	8/12/2025	**Hearing Date:**	07/16/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Eileen Cynamon, R.N., Appeals Reviewer, Disability Evaluation Services (DES), ForHealth Consulting at UMass Chan Medical School; Timothy O'Donnell, Tewksbury MassHealth Enrollment Center

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; Disability
Decision Date:	8/12/2025	**Hearing Date:**	07/16/2025
MassHealth's Reps.:	Eileen Cynamon, R.N.; Timothy O'Donnell	**Appellant's Rep.:**	*Pro se*
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (Telephone)	**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 April 3, 2025, MassHealth notified the appellant that the appellant's MassHealth CommonHealth was being downgraded to Health Safety Net because of a change in her circumstances. *S*ee 130 CMR 505.002(E) and Exhibit 1. The appellant filed this appeal in a timely manner on May 22, 2025, and her benefits are protected pending the outcome of this appeal. *See* 130 CMR 610.015(B) and Exhibit 2. Challenging agency action regarding scope and amount of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth notified the appellant that her MassHealth CommonHealth benefits were being downgraded due to a change in her circumstances.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant's circumstances have changed and therefore, she is no longer eligible for MassHealth CommonHealth?

Summary of Evidence

MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center (MEC worker) and by a representative from MassHealth's Disability Evaluation Services (DES) at the University of Massachusetts Chan Medical School, who appeared via telephone and identified herself as a registered nurse and appeals reviewer. The appellant appeared at hearing via telephone and verified her identity. The parties' testimony and record evidence are summarized as follows:[1]

The MEC worker began his testimony by stating that he would like to confirm the appellant's income. He testified that the current verified income for the appellant's household of two is $1,097.85 per week, or $57,088.00 per year, which equates to 264.90% of the federal poverty level (FPL); he then noted that at the time that the April 3, 2025 notice was issued, MassHealth had a lower verified income for the appellant, which equated to an FPL of 191.68%. The appellant confirmed that MassHealth has her current income correctly calculated; she stated that it does fluctuate, but it is correct today. Testimony. The MEC worker continued his testimony. He stated that in order for the appellant to qualify for a MassHealth benefit without a special circumstance, her household income would have to be at or below 133% of the federal poverty level, or $28,140.00 per year. Testimony. The MEC worker then testified that the appellant was sent a notice on January 4, 2025, asking that she verify her disability status. MassHealth was notified by DES on April 2, 2025, that the appellant had not completed her disability review, and therefore, on April 3, 2025, her verified disability was removed from the system. This removal of her verified disability caused the appellant's benefit to be downgraded from MassHealth CommonHealth to Health Safety Net, as her income is too high to qualify for MassHealth benefits, and this is the reason that the notice on appeal was issued to the appellant.[2]

The DES representative then began her testimony. She stated that DES's role is to determine for

[1] A hearing on this appeal was originally scheduled for June 17, 2025, but no DES representative appeared at the hearing. The previous Hearing Officer determined that the presence of a DES representative was necessary in order to resolve this case, and this hearing was rescheduled. Testimony; Exhibits 3, 6.

[2] During his testimony, the MEC worker noted that aid pending protection was applied to this appeal by the Board of Hearings, and therefore the appellant's MassHealth CommonHealth benefit was active until this appeal was resolved.

MassHealth if an applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint. She testified that DES uses a five-step process, which comes from the SSA code of federal regulations, to determine an applicant's disability status. *See* 20 CFR 416.920; 20 CFR 416.905. The DES representative testified that, under these regulations, it is imperative, and the responsibility of every applicant, to submit a complete MassHealth Adult Disability Supplement along with valid Authorization to Release Health Information forms, or Medical Releases, for each healthcare provider listed on their supplement. Testimony; Exhibit 7 at 27. This allows DES to obtain clinical records from the appellant's reported providers, for the purpose of this disability review.

She continued her testimony. The appellant is an adult female between the ages of 19 and 65, who submitted a MassHealth Adult Disability Supplement on March 4, 2025. The appellant listed the following as her health problems: cirrhosis, gallbladder removal, and right-sided pain in neck and shoulder due to complaints of bulging disc. Testimony, Exhibit 7 at 27. On the MassHealth supplement, the appellant listed her current healthcare providers. The appellant listed three providers. Additionally, DES received a medical release for one other treating source not listed on the supplement. After processing the appellant's submission, DES discovered that there was a discrepancy with the appellant's medical releases: a release was missing for one of her primary providers.

The DES representative stated, "Primarily the issue today is that without receiving the record from all your providers, we cannot move forward...It does make it very clear that all of your providers releases need to be returned with the supplement." Testimony. She then testified that DES sent the appellant a letter on March 20, 2025, which stated in relevant part, "Please fax the completed paperwork and this letter to (774) 455-8156 or mail in the postage paid envelope provided **within ten (10) business days of receiving this letter**. If you do not return this letter and the required forms, your benefits may be affected."[3] *See also* Exhibit 7 at 19. The completed supplement was never received, and therefore, the appellant's open disability case was administratively closed by DES, and that result was transmitted to MassHealth on April 2, 2025. Testimony. The DES representative closed her testimony by stating that this hearing only concerns the DES episode involving the appellant's incomplete supplement, but the appellant did resubmit a complete MassHealth Adult Disability Supplement with all required documentation to DES on April 4, 2025, and a concurrent disability review episode was opened; however, it is considered independent of the currently appealed episode.[4] The DES representative stated, "we don't proceed with that five step disability review until we know we have all of the releases so that we can request all the information." Testimony.

[3] The DES representative confirmed that March 20, 2025 letter was the only DES letter sent to the appellant regarding the March 4, 2025 Disability Supplement episode; DES never made a determination on that episode because it was incomplete as submitted. Testimony.

[4] At this point in the hearing, it was noted that the appellant has appeal rights attached to the new DES determination notice and that the DES representative is not prepared nor able to testify on the concurrent, completed DES episode. Testimony.

The appellant then gave her testimony. She acknowledged that she sent her disability supplement to MassHealth and it was not fully completed, including the missing provider release, but she asserted that she called her provider many times to authorize the release of records to MassHealth. The appellant emphasized throughout her testimony that her ongoing medical issues, particularly her liver disease, are very real and that she is in a scary place where she is contemplating not having her health insurance that she relies on to live; she stated that she has been on this insurance for a long time, and she "wants everything to go back to normal." Testimony. The Hearing Officer questioned the DES representative as to how long the appellant had previously had a disability determination from MassHealth; after reviewing her available records, the DES representatives confirmed that the appellant's disability status was initially the result of an administrative approval during the COVID-19 public health emergency (PHE). She stated that in 2024, a disability review had been attempted but was also marked as a "501" or incomplete file episode, and then the appellant was asked to undergo a new disability verification process in January of 2025, which brings us to today.

The appellant stated in response that she has been on MassHealth since at least 2015; at that time, when she began working on her sobriety, she was designated as medically frail because of her liver condition. She said that she is constantly monitored and undergoing testing for her liver disease, and she never had an issue with MassHealth until the last two years. She stated, "I understand that I work. I understand the income part. I do pay, like, slightly for my health insurance." Testimony. The DES representative asked the MEC worker if the appellant could still be designated as "medically frail;" the MEC worker explained that to be considered part of the medically frail category, a member must also be financially eligible for MassHealth; he stated that the medically frail designation is like an "upgrade" for existing MassHealth recipients. Unfortunately, the appellant is not currently financially eligible for MassHealth benefits and cannot be designated as medically frail. Testimony.

At this point in the hearing, the Hearing Officer clarified with the DES representative whether the appellant would be receiving a notice from DES regarding the second, and more recently closed DES determination episode. The DES representative confirmed that the appellant should have received a letter with her latest DES determination in the mail; she can see that the appellant's more recent DES episode was completed on June 26, 2025, and a letter with the determination was mailed to the appellant on that same day. The MEC worker then confirmed again that the appellant's MassHealth CommonHealth coverage was active until the outcome of this appeal, due to aid pending protection being applied by the Board of Hearings. He stated that the appellant was eligible for a Connector Care plan type 3A, with temporary Health Safety Net. The appellant asked if she could appeal the new DES notice; it was confirmed that she may file an appeal if she disagrees with MassHealth's determination in that notice. The DES representative stated that she would have the June 26, 2025 DES notice sent to the appellant again.

Findings of Fact

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

1. Through a notice dated April 3, 2025, MassHealth informed the appellant that her MassHealth CommonHealth benefit was being downgraded to Health Safety Net due to a change in her circumstances. Exhibit 1.

2. The appellant filed this appeal in a timely manner on May 22, 2025. Exhibit 2.

3. The appellant has "aid pending," pending the outcome of this appeal.

4. On July 16, 2025, a fair hearing was held before the Board of Hearings. Exhibit 3.

5. The appellant is an adult between the ages of 19-64 living in a household of two and reporting an income that is equal to 264.90% of the federal poverty level (FPL). Testimony.

6. In 2025, a yearly income at 133% of the federal poverty level equates to $28,140.00 for a household of two. Testimony, 2025 MassHealth Income Standards and Federal Poverty Level Guidelines.

7. On March 4, 2025, the appellant filed an Adult Disability Supplement with DES.

8. The appellant's medical conditions, for which she receives treatment, are cirrhosis, gallbladder removal, and right-sided pain in neck and shoulder due to complaints of bulging disc.

9. On March 20, 2025, via letter, DES informed the appellant that her Adult Disability Supplement was incomplete, and that she needed to return all required documentation to DES within ten business days of receiving that letter, so that her disability review could proceed.

10. DES was unable to complete the appellant's five-step disability review for this episode because the appellant did not completely fill out her Adult Disability Supplement; specifically, she did not timely respond to DES's March 20, 2025 letter and complete and return her Adult Disability Supplement within 10 business days of the March 20, 2025 letter, and on April 2, 2025, DES administratively closed the appellant's March 4, 2025 disability review episode. Testimony.

Analysis and Conclusions of Law

Here, MassHealth terminated the appellant's MassHealth coverage because of a change in her circumstances. The change in circumstances was that the appellant failed to timely respond to a request for information from MassHealth. Specifically, she failed to return a completed Adult Disability Supplement to MassHealth in the time allowed, which caused the "disabled" determination to be removed from her MassHealth account. In order to be found disabled under MassHealth regulations, an individual must be "*permanently and totally disabled*." *See* 130 CMR 501.001. The regulations used by MassHealth to establish disability are derived from the rules used by the Social Security Administration. *See id*. Individuals who meet the Social Security Administration's definition of disability may establish eligibility for MassHealth Standard according to 130 CMR 505.002(F), or for CommonHealth according to 130 CMR 505.004. Per 20 CFR 416.905, the Social Security Administration defines disability as: "the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months."

130 CMR 501.010, "Responsibilities of Applicants and Members," states in relevant part:

> (A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.

In January 2025, MassHealth asked the appellant to complete a disability review. The appellant failed to submit a properly completed Adult Disability Supplement in the required time period, and therefore, her first disability review episode in 2025 was administratively closed by DES without a determination. As a result of this closure, MassHealth removed her verified disability from her account, and downgraded her MassHealth coverage. The appellant did not dispute the testimony of the DES representative; she acknowledged that she filed this appeal to preserve her MassHealth CommonHealth benefits while she was awaiting the DES determination on her recently completed disability review episode.

MassHealth terminated the appellant's CommonHealth benefits because she did not fully complete and return the disability review application, and as a result, no longer met the disability requirements under MassHealth regulations. *See* 130 CMR 502.007; 130 CMR

505.004; see also 20 CFR 404.1589.[5] The appellant does not dispute that she did not return the completed disability review paperwork for her initial disability review episode in March 2025, and she further acknowledged that she understood that she does not financially qualify for MassHealth benefits without her disability being verified by MassHealth. The appellant has not demonstrated any error in MassHealth's actions pertaining to her CommonHealth eligibility.

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold. MassHealth regulations at 130 CMR 505.000 *et seq*. explain the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

> (1) *Standard* - for pregnant women, 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 members, and medically frail as such term is defined in 130 CMR 505.008(F);
> (2) *CommonHealth* - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
> (3) *CarePlus* - for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
> (4) *Family Assistance* - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
> (5) *Small Business Employee Premium Assistance* - for adults or young adults who
>
> (a) work for small employers;
> (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
> (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
> (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
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> (6) *Limited* - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
> (7) *Senior Buy-In and Buy-In* - for certain Medicare beneficiaries.

[5] Because the appellant's income is over 133% of the federal poverty level, she is also not eligible for MassHealth as a non-disabled adult. See 130 CMR 505.008.

130 CMR 505.001(A).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant meets the categorical requirements for MassHealth CarePlus. The question then remains as to whether she meets the income requirements to qualify.

An individual between the ages of 21 and 64 who does not qualify for MassHealth Standard is eligible for MassHealth CarePlus if "the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level." 130 CMR 505.008(A)(2). To determine financial eligibility pursuant to 130 CMR 506.007, MassHealth must construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

> (1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of
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> (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
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> (b) the taxpayer's spouse, if living with him or her regardless of filing status;
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> (c) all persons the taxpayer expects to claim as tax dependents; and
>
> (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

Here, the appellant does not dispute that she resides in a household of two. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level equates to a yearly income of $28,140.00. See chart at https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download.

MassHealth determines an applicant's modified adjusted gross income (MAGI) by taking the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B), less deductions described in 130 CMR 506.003(D). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

> …Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(C). Income of all the household

members forms the basis for establishing an individual's eligibility. A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(K).

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

(1) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.

(2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.

(3) Round up to the next whole dollar to arrive at the monthly income standards.

(D) Safe Harbor Rule. The MassHealth agency will provide a safe harbor for individuals whose household income determined through MassHealth MAGI income rules results in financial ineligibility for MassHealth but whose household income determined through Health Connector income rules as described at 26 CFR 1.36B-1(e) is below 100 percent FPL. In such case, the individual's financial eligibility will be determined in accordance with Health Connector income rules.

(1) MassHealth uses current monthly income and the Health Connector uses projected annual income amounts.

(2) MassHealth MAGI household uses exceptions to tax household rules and the Health Connector uses the pure tax filing household.

(E) MAGI Protection for Individuals Receiving MassHealth Coverage on December 31, 2013. Notwithstanding the above, in the case of

> determining ongoing eligibility for individuals determined eligible for MassHealth coverage to begin on or before December 31, 2013, application of the MassHealth MAGI Household Income Calculation methodologies as set forth in 130 CMR 506.007 will not be applied until March 31, 2014, or the next regularly scheduled annual renewal of eligibility for such individual under 130 CMR 502.007, whichever is later, if the application of such methodologies would result in a downgrade of benefits.

In this case, MassHealth calculated the appellant's annual MAGI to equal $1,097.85 per week, or $57,088.00 per year, and it was the sworn testimony of the appellant at hearing that MassHealth has her current income accurately calculated. As the amount of the appellant's verified annual income exceeds 133% of the poverty level based on 2025 standards, the appellant is not eligible for MassHealth benefits. Therefore, because the appellant's household's verified annual income is over 133% of the federal poverty level, MassHealth did not err in issuing the April 3, 2025 notice downgrading the appellant's benefits from MassHealth CommonHealth to the Health Safety Net.

Based on the foregoing, there is insufficient evidence to demonstrate that MassHealth erred in its April 3, 2025 finding that the appellant's circumstances have changed and therefore, she no longer meets the MassHealth CommonHealth criteria. MassHealth correctly informed her via notice dated April 3, 2025 that she was no longer eligible for MassHealth benefits.

This appeal is hereby DENIED.

Order for MassHealth

Remove aid pending.

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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957

cc: Disability Evaluation Services unit, UMass Chan Medical School