

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2508789
<b>Decision Date:</b>	07/11/2025	<b>Hearing Date:</b>	07/08/2025
<b>Hearing Officer:</b>	Mariah Burns		

**Appearances for Appellant:**



**Appearance for MassHealth:**

Lashaun Kelley, Quincy 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility; Under 65
<b>Decision Date:</b>	07/11/2025	<b>Hearing Date:</b>	07/08/2025
<b>MassHealth's Rep.:</b>	Lashaun Kelley	<b>Appellant's Reps.:</b>	Pro se, Arthur Dymi
<b>Hearing Location:</b>	Telephone	<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 May 30, 2025, MassHealth approved the appellant for MassHealth CarePlus benefits effective May 12, 2025. *See* 130 CMR 505.008 and Exhibit 1. The appellant filed this appeal in a timely manner on June 9, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Agency action limiting the scope of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CarePlus benefits.

### Issue

The appeal issue is whether MassHealth correctly determined that the appellant is eligible only for MassHealth CarePlus benefits.

### Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of one and was assisted at the hearing by his father. MassHealth was represented by a worker from the Quincy

MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the evidence and testimony provided at the hearing.

On May 30, 2025, after completing a renewal application, the appellant was approved for MassHealth CarePlus benefits, as he is a single person who is not the caretaker of a minor child<sup>1</sup> and otherwise meets the income and citizenship requirements. MassHealth has no countable income on file for the appellant. The MassHealth representative reported that the appellant previously received MassHealth Standard, but that it was through a different agency.

The appellant expressed confusion throughout the hearing and was seemingly unaware of why the hearing was taking place. His testimony was difficult to understand, and his answers to questions were largely nonresponsive. However, he did not indicate that he had any issues with his current health insurance coverage, nor that he is receiving any special services provided by MassHealth. He reported that he receives \$400.00 per month in benefits through the Massachusetts Department of Transitional Assistance and stated that he has a disability. He testified that he does not currently receive Social Security benefits.

The appellant's member information screen indicates that, as of the date that this appeal was filed, the appellant has been active on MassHealth CarePlus since November 19, 2024, and has also been active as "EAEDC" since that date. See Exhibit 4.<sup>2</sup> The appellant was in "Disabled" status from March 20, 2023, to May 9, 2025, but his disability status is currently listed as "NO." *Id.* Neither the appellant nor MassHealth were able to testify to the appellant's current disability status.

## Findings of Fact

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

1. The appellant is a single adult under the age of 65 and a current MassHealth member. Testimony, Exhibit 4.
2. On or about May 30, 2025, the appellant completed an application for MassHealth benefits, and MassHealth approved him for MassHealth CarePlus effective May 12, 2025. Exhibit 1.
3. The appellant filed a request for fair hearing in a timely manner on June 9, 2025. Exhibit 2.

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<sup>1</sup> Although the appellant reported receiving TAFDC benefits through the Department of Transitional Assistance, there was no testimony that he is the caretaker of a minor child.

<sup>2</sup> "EAEDC" is an acronym for Emergency Assistance for the Elderly, Disabled and Children offered through the Massachusetts Department of Transitional Assistance.

4. The appellant is not the caretaker of a minor child, is not pregnant, does not have a current breast or cervical cancer diagnosis, and is not HIV positive. Testimony. There is no evidence that the appellant currently has a qualified disability. Testimony, Exhibit 4.

5. The appellant has no countable income and meets the citizenship requirements for benefits. Exhibit 1, Testimony.

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met for individuals under the age of 65 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;
- (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.

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 is over the age of 21 but under 65, is not a caretaker of a child, and the record lacks any evidence that he has any health conditions enumerated at 130 CMR 505.001(A)(1). Therefore, the appellant has not shown that he is categorically eligible for MassHealth Standard benefits.<sup>3 4</sup> Given that he otherwise meets the financial and citizenship requirements, I find no error with MassHealth's issuance of the May 30, 2025, notice approving the appellant for MassHealth CarePlus.

To the extent that the appellant is seeking MassHealth Standard coverage, the appeal is hereby 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.

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Mariah Burns  
Hearing Officer  
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator

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<sup>3</sup> The MassHealth regulations allow “[p]ersons who receive Transitional Aid to Families with Dependent Children cash assistance from the Department of Transitional Assistance (DTA)” to be eligible for MassHealth Standard. 130 CMR 505.002(A)(3). However, those benefits are managed by DTA, not MassHealth. If the appellant believes he should be receiving MassHealth Standard benefits through DTA, he should contact that agency directly.

<sup>4</sup> If the appellant believes that he is currently disabled, he should complete and submit an Adult Disability Supplement pursuant to 130 CMR 505.002(E)(2)(c). That form may be found here: <https://www.mass.gov/doc/masshealth-adult-disability-supplement-0/download>