Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied; Remand	**Appeal Number:**	2508845
Decision Date:	9/4/2025	**Hearing Date:**	06/27/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Amaris Rodriguez, 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; Remand	**Issue:**	Comm. Eligibility – Under 65; Verification
Decision Date:	9/4/2025	**Hearing Date:**	06/27/2025
MassHealth's Rep.:	Amaris Rodriguez	**Appellant's Rep.:**	*Pro se*
Hearing Location:	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 6/3/25, MassHealth informed Appellant that her CommonHealth benefit was ending on 6/17/25 because she no longer satisfied the disability requirement to remain eligible for the benefit. *See* 130 CMR §§ 505.002(E), 505.004 and Exhibit 1. Appellant filed this appeal in a timely manner on 6/10/25. *See* 130 CMR 610.015(B) and Exhibit 2. Denial and/or termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth sought to terminate Appellant's CommonHealth benefit because she no longer had a verified disability.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR §§ 505.002(E), 505.004, in determining that Appellant was ineligible for CommonHealth because she did not have a verified disability.

Summary of Evidence

A MassHealth eligibility representative appeared at the hearing and testified as follows: Appellant is under the age of [redacted] and lives in a household size of one (1). Appellant has a current verified biweekly income of $1,709, which amounts to a monthly gross income of $3,418.06. This places her at 278.97% of the federal poverty level (FPL). *See* Exh. 1. To qualify for MassHealth benefits based on income alone, an individual must have an income that does not exceed 133% of the FPL. For a household size of one, this amounts to a monthly maximum gross income of $1,735. Appellant's income renders her ineligible for MassHealth Standard and CarePlus. MassHealth offers a separate coverage type, CommonHealth, for individuals who have an income that exceeds the program limit but who have a verified disability.

On 10/24/19, Appellant was approved for CommonHealth after she was deemed disabled by the Disability Evaluation Services (DES) unit through UMASS Medical School. On 2/2/25, while still enrolled in CommonHealth, DES, on behalf of MassHealth, issued a notice to Appellant, informing her that she needed to submit an adult disability supplement by 4/8/25 to initiate a continuing disability review (CDR). The MassHealth representative explained that CDRs are needed to determine whether individuals, previously deemed disabled, continue to meet program disability criteria. DES never received the requested documentation by the 4/8/25 deadline. On 6/3/25, after Appellant's disability status had been removed from the system, MassHealth informed Appellant that her CommonHealth benefit was ending on 6/17/25 because she no longer met disability requirements under 130 CMR §§ 505.002(E), 505.004. *Id.* Because Appellant appealed this notice, her CommonHealth benefit remains protected throughout the pendency of this appeal.

Appellant did not dispute her income, as was testified to by MassHealth. Appellant testified that she never received the 2/2/25 notice because she had moved in January of this year and did not notify MassHealth of the address change until March of 2025. It was not until 6/3/25, after having received the termination notice, that she learned she needed to undergo a disability review. On 6/13/25, Appellant sent the adult disability supplement to DES, however, as of the hearing date, she had not confirmed with DES whether it had been received or whether a review was underway.

The MassHealth representative indicated that MassHealth's system does not reflect whether DES has received an adult disability supplement, nor does it show if a review is pending. MassHealth only receives information once DES has issued its disability determination and transmits it to MassHealth. The MassHealth representative provided Appellant with the contact number for DES to confirm whether the paperwork had been received.

Findings of Fact

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

1. Appellant is under the age of [redacted] and lives in a household size of one.

2. Appellant receives a current gross monthly income of $3,418.06, placing her at 278.97% of the FPL.

3. On 10/24/19, MassHealth approved Appellant for CommonHealth after having received verification of Appellant's disability through DES.

4. On 2/2/25, while still enrolled in CommonHealth, DES, on behalf of MassHealth, issued a notice to Appellant, informing her that she needed to submit an adult disability supplement by 4/8/25 to initiate a CDR.

5. DES never received the requested documentation by the 4/8/25 deadline and Appellant's verified disability was removed from MassHealth's system on 6/3/25.

6. On 6/3/25, MassHealth notified Appellant that her CommonHealth benefit would be ending on 6/17/25 because she no longer met disability requirements under 130 CMR §§ 505.002(E), 505.004.

7. As of the hearing date, MassHealth had not received verification of Appellant's disability.

8. Because Appellant appealed this notice, her CommonHealth benefit remains protected throughout the pendency of this appeal.

Analysis and Conclusions of Law

MassHealth provides access to health care by determining eligibility for the coverage type that provides the most comprehensive benefits for which an individual is eligible. *See* 130 CMR 501.003. Such determinations are based on the individual's income and eligibility-related circumstances, including residency, citizenship, and in certain instances, disability status. *Id.* An "applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility…" 130 CMR 501.010(A); *see also* 130 CMR 502.003.

Generally, MassHealth offers two coverage types for individuals who have a verified disability: (1) MassHealth Standard - for individuals with disability or other special circumstance who have income below the regulatory limit, and (2) MassHealth CommonHealth – for disabled individuals who do not qualify for Standard. *See* 130 CMR 505.002(F), 130 CMR 505.004. For purposes of establishing eligibility for MassHealth benefits, being "disabled" means to have a "permanent and

total disability as defined under Title XVI of the Social Security Act." *See* 130 CMR 501.001. MassHealth only recognizes disability determinations that have been verified through the Massachusetts Commission for the Blind; the Social Security Administration (SSA); or Disability Evaluation Services (DES).[1] *See* 130 CMR 505.002(E)(2). It is the claimant's responsibility to identify and/or produce the evidence of disability for the reviewing agency. *See* 20 CFR § 416.912.

Although Appellant had previously been deemed disabled by DES in October of 2019, she was required to undergo a continuing disability review (CDR) to ensure she continued to meet disability criteria under Title XVI of the Social Security Act. *See* 130 CMR 501.001 and 20 CFR § 416.994 (individuals receiving benefits on the basis of disability are subject to periodic reviews to ensure their medical impairment(s) continue to render them "permanently and totally disabled"). The evidence indicates that on 2/2/25, DES, on behalf of MassHealth, notified Appellant that in order to initiate the CDR, she needed to complete and return an adult disability supplement by 4/8/25. It is undisputed that Appellant never sent in the requisite information to DES by the deadline. While Appellant testified that she subsequently sent an adult disability supplement on or after 6/13/25, there was no evidence that a disability determination had been rendered as of the hearing date.

Without a verified disability, Appellant would need to have income under 133% of the federal poverty level (FPL) to be eligible for any other MassHealth benefit. *See* 130 CMR 505.008. For a household size of one, that limit is $1,735 per month. *See 2025 MassHealth Income Standards & Federal Poverty Guidelines.* It is undisputed that Appellant's income places her at 278.97% of the federal poverty level (FPL). She is therefore ineligible for MassHealth benefits at this time. MassHealth did not err in rendering its 6/3/25 eligibility determination.

Based on the foregoing, this appeal is DENIED.

The appeal is REMANDED to MassHealth to review whether DES has since rendered a new disability determination, and, if applicable, "determine eligibility for the most comprehensive coverage type for which [Appellant] is eligible." *See* 130 CMR 519.001(C).

Order for MassHealth

Remove aid pending. Proceed to determine Appellant's eligibility for benefits. Notify Appellant of the eligibility determination with appeal rights.

[1] DES is a unit that consists of physicians and disability evaluators who determine permanent and total disability of an applicant or member seeking coverage under a MassHealth program for which disability is a criterion using criteria established by the Social Security Administration under Title XVI, and criteria established under state law. This unit may be a part of a state agency or under contract with a state agency. *See* 130 CMR 501.001.

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.

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.

Casey Groff
Hearing Officer
Board of Hearings

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