

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



|                         |              |                       |            |
|-------------------------|--------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied       | <b>Appeal Number:</b> | 2511651    |
| <b>Decision Date:</b>   | 10/7/2025    | <b>Hearing Date:</b>  | 09/18/2025 |
| <b>Hearing Officer:</b> | Mariah Burns |                       |            |

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Carmen Rivera, 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>            | Under 65;<br>Community Eligibility;<br>Disability |
| <b>Decision Date:</b>     | 10/7/2025          | <b>Hearing Date:</b>     | 09/18/2025  |
| <b>MassHealth's Rep.:</b> | Carmen Rivera      | <b>Appellant's Rep.:</b> | Pro se  |
| <b>Hearing Location:</b>  | Telephone (Quincy) | <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 June 27, 2025, MassHealth downgraded the appellant's benefits from MassHealth CommonHealth to the Health Safety Net on the grounds that the appellant no longer meets the disability requirements for the benefit. *See* 130 CMR 505.004 and Exhibit 1. The appellant filed this appeal in a timely manner on August 8, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Agency action regarding scope and amount of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth downgraded the appellant's benefits from MassHealth CommonHealth to the Health Safety Net.

## Issue

The appeal issue is whether MassHealth acted within the scope of the regulations in downgrading the appellant's benefits from MassHealth CommonHealth to the Health Safety Net.

## Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of two with her minor child. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The following is a summary of the testimony and evidence provided at the hearing.

Prior to the notice at issue, the appellant received MassHealth CommonHealth benefits. The MassHealth representative testified that on November 8, 2024, MassHealth issued a notice informing the appellant of her obligation to submit a new disability supplement to redetermine her clinical eligibility for MassHealth CommonHealth. That notice was mailed to the appellant's address on file and included a due date of January 7, 2025. The MassHealth representative testified that on December 18, 2024, the MassHealth computer system automatically renewed the appellant's coverage approving her for MassHealth CommonHealth with a monthly premium of \$64.00. On March 21, 2025, that premium was reduced to \$56.00, but the benefit was terminated for failure to pay the premium. On April 7, 2025, the benefit was reinstated with a \$56.00 premium. On June 27, 2025, the MassHealth computer system noted on the appellant's account that a disability supplement was never sent, which meant that the appellant's disability was never verified. As a result, her CommonHealth benefits were terminated by a notice on that date.

The appellant reported that she did not receive the November 8, 2024, notice requiring her to submit a new disability supplement. She testified that she currently earns \$18.00 an hour and works 8 hours a day. She is also currently on a medical leave of absence from her job, and receives a total of three days a week of pay. Based on that information, the appellant was informed that she likely qualifies for MassHealth Standard, but that MassHealth is unable to verify her income. She was advised to schedule an appointment at her local MassHealth Enrollment Center to provide all of the documents needed to determine her financial eligibility, as well as to submit a new disability supplement.

## Findings of Fact

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

1. The appellant is an adult under the age of 65 who resides in a household of two with her minor child. Testimony, Exhibit 4. Prior to the notice at issue, the appellant received MassHealth CommonHealth benefits. *Id.*
2. On November 8, 2024, MassHealth issued a notice instructing the appellant to submit a disability supplement by January 7, 2025, to redetermine her clinical eligibility for MassHealth CommonHealth. Testimony.
3. The appellant did not submit the disability supplement as of the date of hearing. Testimony.

4. On June 27, 2025, the appellant's benefits were downgraded from MassHealth CommonHealth to the Health Safety Net because MassHealth was unable to determine whether the appellant still meets the disability requirements to qualify for CommonHealth benefits. Exhibit 1.
5. The appellant filed a timely request for fair hearing on August 8, 2025. Exhibit 2.

## 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 to qualify for a particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility for individuals who are under age 65 are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) *MassHealth 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 (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 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) *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
- (6) *MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In)* - for certain Medicare beneficiaries.

130 CMR 505.001(A) (emphasis added).

At issue in this case is whether the appellant meets the requirements to qualify for MassHealth CommonHealth. To qualify for MassHealth CommonHealth, an applicant must meet the following:

- (1) be 21 through 64 years of age (for those 65 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).

130 CMR 505.004. For purposes of MassHealth eligibility, disability is established by (a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB); (b) a determination of disability by the Social Security Administration (SSA); or (c) a determination of disability by MassHealth Disability Evaluation Services (DES). 130 CMR 505.004(H). To initiate a DES evaluation, a member must submit a disability supplement that includes a release of medical information to allow the agency to make a clinical determination. See MassHealth Eligibility Operations Memo 25-13.<sup>1</sup>

MassHealth members are required to "cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." 130 CMR 501.010(A). If MassHealth requires such additional information, "a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications." 130 CMR 502.003(C). The verifications must be received "within 90 days of the receipt of the Request for Information Notice." 130 CMR 502.002(B). If the verification of disability status is not received within the required time frame, "the individual will not be considered a disabled individual and will be determined for the most comprehensive coverage for which the individual qualifies without this factor." 130 CMR 502.002(D).<sup>2</sup>

An appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon "evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency's interpretation of its rules, policies and regulations."

In this case, the MassHealth representative credibly testified that a notice was sent to the appellant's address on file requiring her to submit a disability supplement with a due date of

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<sup>1</sup> The disability supplement can be found on the MassHealth website at <https://www.mass.gov/doc/masshealth-adult-disability-supplement-0/download>.

<sup>2</sup> In this case, the appellant was informed that MassHealth needs updated income verifications from her to confirm her eligibility for MassHealth Standard pursuant to 130 CMR 505.002.

January 7, 2025. The parties do not disagree that a disability supplement was never submitted. Although the appellant argues that she never received the notice, the regulations only require MassHealth to send notice of an intended action, not confirm that it was received. *See generally* 130 CMR 502.003. Because MassHealth did not receive a disability supplement, the agency was unable to verify whether the appellant still meets the clinical definition of a disability for purposes of eligibility for MassHealth CommonHealth. For those reasons, I find that the appellant has not met her burden in establishing that the June 27, 2025, notice downgrading her benefits from MassHealth CommonHealth to the Health Safety Net, was issued in error. I note that, as discussed at the hearing, the appellant may submit documents related to her eligibility going forward, and this decision makes no finding of the appellant's current financial and/or clinical eligibility for benefits.

For the foregoing reasons, 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: Cassandra Moura, Appeals Coordinator