

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511918
Decision Date:	09/18/2025	Hearing Date:	09/03/2025
Hearing Officer:	Thomas J. Goode	Record Open to:	09/04/2025

Appearance for Appellant:



Appearance for MassHealth:

Lorena Garcia



*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-Income
<b>Decision Date:</b>	09/18/2025	<b>Hearing Date:</b>	09/03/2025
<b>MassHealth's Rep.:</b>	Lorena Garcia	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Remote	<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 July 7, 2025, MassHealth determined that Appellant is not MassHealth eligible because income exceeds program limits (130 CMR 505.001, 506.007 and Exhibit 1). Appellant filed this appeal in a timely manner on August 14, 2025 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth determined that Appellant is not MassHealth eligible because income exceeds program limits.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001 et seq, and 506.007, in determining that Appellant is not MassHealth eligible because income exceeds program limits.

## Summary of Evidence

The MassHealth representative testified that Appellant is [REDACTED] and was determined disabled by MassHealth in 2019. Appellant had been receiving Standard since June 18, 2024 as a household size of one person. On January 4, 2025, Appellant was sent a Continuing Disability Review (CDR) by MassHealth to complete and return by March 5, 2025 for evaluation of his continuing disability status (Exhibit 4). Appellant did not return the CDR to MassHealth, and on June 27, 2025, MassHealth notified Appellant that he was no longer eligible because the CDR was not returned and coverage would terminate on July 11, 2025. On July 7, 2025, MassHealth determined Appellant is no longer eligible because income exceeds program limits (Exhibit 1). MassHealth testified that Appellant lives with his parents in a household of 5 with household income equaling 738% of the federal poverty level. However, Appellant was open on MassHealth Standard coverage because an application submitted on Appellant's behalf stated that Appellant is not claimed as a tax dependent by his parents, resulting in his prior eligibility for Standard coverage as a household size of one person. Because he is a tax dependent and part of his parents' household, Appellant is not eligible for MassHealth due to household income that exceeds program limits.

Appellant appeared virtually with his parents who testified that Appellant is claimed as their tax dependent. Appellant's parents testified that Appellant was determined disabled by MassHealth in 2019, after which they paid \$595 in monthly premiums. Appellant's parents testified that they did not receive the CDR notice dated January 4, 2025. Appellant's parents testified to having some issues receiving mail, but all other MassHealth notices were received. Appellant's parents testified that they completed a disability supplement in May 2025 but did not return it to MassHealth because when they called MassHealth they were told they did not need to complete a disability form. When they received the June 27, 2025 termination notice, they called MassHealth and spoke with a representative who told them Appellant was eligible for catastrophic coverage only. Appellant's parents testified that information that Appellant is not their tax-dependent was reported in error.

## **Findings of Fact**

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

1. Appellant is [REDACTED] and was determined disabled by MassHealth in 2019.
2. Appellant had been receiving Standard since June 18, 2024 as a household size of one person.
3. On January 4, 2025, Appellant was sent a Continuing Disability Review (CDR) by MassHealth to complete and return by March 5, 2025 for evaluation of his continuing disability status (Exhibit 4).

4. Appellant did not return the CDR to MassHealth, and on June 27, 2025, MassHealth determined Appellant is no longer considered disabled by MassHealth because the CDR was not returned and coverage would terminate on July 11, 2025.
5. Appellant lives with his parents, who claim him as a tax-dependent, in a household of 5 with household MAGI income equating to 738% of the federal poverty level.
6. Appellant was open on MassHealth Standard coverage because an application submitted on Appellant's behalf stated that Appellant is not claimed as a tax dependent by his parents, resulting in his eligibility for Standard coverage as a disabled household size of one.

## **Analysis and Conclusions of Law**

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits. (130 CMR 501.003(A)). MassHealth offers several coverage types. (130 CMR 501.003(B)). The coverage type for which an individual is eligible is based on their income and circumstances. (130 CMR 515.003(B)).

Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (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 of age 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

To be found disabled for MassHealth Standard or CommonHealth, an individual must be *permanently and totally disabled* (130 CMR 501.001). Pursuant to 130 CMR 505.002(H), disability is established by:

- (1) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
- (2) a determination of disability by the SSA; or
- (3) a determination of disability by the Disability Evaluation Services (DES).

The central issue raised by Appellant on appeal of the July 7, 2025 notice is the eligibility determination made by MassHealth with Appellant no longer considered a disabled individual. Appellant was found disabled by MassHealth in October 2019. Appellant was sent a Continuing Disability Review (CDR) from MassHealth on January 4, 2025, to review his disability status. The CDR form instructed Appellant to complete the form and the enclosed paperwork and return it to MassHealth/DES by March 5, 2025 (Exhibit 4). Appellant did not return the CDR to MassHealth, which Appellant and his parents attributed to not receiving the form. After considering the evidence and testimony, I conclude that without additional substantiation to support the assertion, Appellant's testimony is not credible as all other contemporaneous MassHealth notices were received at the same address.<sup>1</sup> Appellant incorrectly received MassHealth Standard coverage from June 18, 2024 until coverage ended on July 11, 2025 as a household of one disabled individual. Whether Appellant should have been assessed a premium during this period as a tax dependent claimed by his parents is not addressed here because it is not part of the MassHealth determination by notice dated July 7, 2025. However, since Appellant did not return the continuing disability review by March 5, 2025, and as of the date of hearing had not submitted a completed disability supplement to MassHealth, MassHealth correctly determined his eligibility without a finding that Appellant is disabled. With the corrected household information including Appellant in a household size of 5 with income that equates to 738% of the federal poverty level,<sup>2</sup> Appellant is not otherwise MassHealth eligible.<sup>3,4</sup> The appeal is DENIED. Appellant can direct any questions about the Health

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<sup>1</sup> The burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228; *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002); *Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn.*, 11 Mass. App. Ct. 333, 334 (1981); *Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance*, 45 Mass. App. Ct. 386, 390 (1998).

<sup>2</sup> MassHealth's record of household income was not challenged by Appellant's parents, nor was income reviewed at hearing. Appellant's challenge to the July 7, 2025 notice was focused on Appellant's categorical and financial eligibility as a disabled person.

<sup>3</sup> A young adult 19 through 20 years old is eligible for Standard coverage if modified adjusted gross income is less than or equal to 150% of the federal poverty level which for a household size of 5 is \$4,707 per month. See 130 CMR 505.002(B)(3).

<sup>4</sup> See 130 CMR 506.002(B)(2) *Individuals Claimed as a Tax Dependent on Federal Income Taxes*.

(a) For an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which the initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.002(B)(2)(b)1., 2., or 3., the household consists of

Connector to 1-877-623-6765 and Health Safety Net to 877-910-2100.

## 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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

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

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1. the individual;
  2. the individual's spouse, if living with them;
  3. the taxpayer claiming the individual as a tax dependent;
  4. any of the taxpayer's tax dependents; and
  5. if any individual described in 130 CMR 506.002(B)(2)(a)1. through 4. is pregnant, the number of expected children.