

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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| Appeal Decision: | Approved | Appeal Number: | 2512345 |
| Decision Date: | 10/10/2025 | Hearing Date: | 09/25/2025 |
| Hearing Officer: | Mariah Burns | | |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Katelyn Costello, 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

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|---------------------------|--------------------|--------------------------|--|
| Appeal Decision: | Approved | Issue: | Community Eligibility; Under 65; Medically Frail |
| Decision Date: | 10/10/2025 | Hearing Date: | 09/25/2025 |
| MassHealth's Rep.: | Katelyn Costello | Appellant's Rep.: | Pro se |
| Hearing Location: | Telephone (Quincy) | Aid Pending: | 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 26, 2025, MassHealth downgraded the appellant from MassHealth Standard to MassHealth CarePlus with an effective date of July 11, 2025, after the appellant's disability determination expired. *See* 130 CMR 502.003(D)(c) and Exhibit 1.¹ The appellant filed this appeal in a timely manner on August 22, 2025. *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 temporarily downgraded the appellant's benefits from MassHealth Standard to MassHealth CarePlus.

¹ As discussed, *infra*, MassHealth reinstated the appellant's MassHealth Standard benefits with an effective date of August 1, 2025, after the appellant self-attested to being medically frail.

Issue

The appeal issue is whether the appellant's MassHealth Standard benefits may be backdated to cover the gap in her coverage when she has attested to medical frailty during that time.

Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of one. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. All parties appeared at hearing by telephone. The following is a summary of the evidence and testimony provided.

The appellant received MassHealth Standard benefits as an individual with a verified disability for several years prior to the notice at issue. On March 1, 2025, MassHealth sent the appellant notice to submit a renewal of her disability supplement with a due date of April 30, 2025. When MassHealth received no response, on June 26, 2025, MassHealth removed the appellant's disability status and sent her a notice downgrading her to MassHealth CarePlus with an effective date of July 11, 2025. On August 19, 2025, the appellant self-attested to being medically frail, which MassHealth accepted and reinstated her MassHealth Standard coverage with an effective start date of August 1, 2025.²

The appellant reported that this gap in her MassHealth Standard benefits from July 11, 2025, to August 1, 2025, also led to a gap in coverage of her personal care attendant (PCA) services, which she received during that time and for which her PCA has not received payment. She testified that she has serious heart problems and had a medical procedure in April that has left her medically frail ever since. She attested that she was medically frail during that gap from July 11 through August 1.

Findings of Fact

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

1. The appellant is an adult MassHealth Standard member under the age of 65 who resides in a household of one. Exhibit 4, Testimony.
2. On June 26, 2025, MassHealth downgraded the appellant's MassHealth Standard benefits to MassHealth CarePlus with an effective date of July 11, 2025, because the appellant did not submit

² The MassHealth representative reported that the appellant's disability supplement has since been received and her disability status reinstated, though not in time to further backdate the appellant's coverage.

a renewal of her disability determination. Exhibit 1, Testimony. On August 19, 2025, MassHealth deemed the appellant medically frail, which allowed her MassHealth Standard benefits to be reinstated with an effective date of August 1, 2025. Testimony.

3. The appellant filed a timely request for fair hearing on August 22, 2025. Exhibit 2.
4. The appellant was medically frail from July 11, 2025, to August 1, 2025. Testimony.
5. The appellant has a gap in coverage of her PCA services from July 11, 2025, to August 1, 2025. Testimony. The appellant's PCA worked during those days and has not yet been paid for that work. 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 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). A medically frail individual who qualifies for MassHealth CarePlus may elect to receive MassHealth Standard benefits as of “the date of the reported change.” To be considered medically frail, an individual must be:

- (1) an individual with a disabling mental disorder (including children with serious emotional disturbances and adults with serious mental illness);
- (2) an individual with a chronic substance use disorder;
- (3) an individual with a serious and complex medical condition;
- (4) an individual with a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or
- (5) an individual with a disability determination based on Social Security criteria.

130 CMR 505.008(F).

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.” Further, “[t]he effective date of any adjustment to the appellant’s eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.” 130 CMR 610.071(A)(2).

Here, although the appellant did not report her medical frailty to MassHealth until August 19, 2025, her credible, sworn testimony is that she was medically frail during the gap in her MassHealth Standard coverage from July 11 to August 1. Therefore, although I do not find that either the June 26, 2025, notice or the August 19, 2025, notice were technically issued in error, I do find that the appellant met the conditions for MassHealth Standard eligibility on the date that her benefits were downgraded, and she properly appealed the downgrade of her benefits, preserving the issue. For those reasons, and pursuant to 130 CMR 610.071(A)(2), I find that the appellant is eligible for MassHealth Standard benefits during the gap in her coverage from July 11, 2025, to August 1, 2025.

For the foregoing reason, the appeal is hereby APPROVED.

Order for MassHealth

Backdate the appellant’s MassHealth Standard benefits to cover the gap in her coverage from July 11, 2025, to August 1, 2025. Send notice of implementation only; do not include appeal rights.

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.

Mariah Burns
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Quincy MEC, Attn: Cassandra Moura, Appeals Coordinator