

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514995
<b>Decision Date:</b>	11/18/2025	<b>Hearing Date:</b>	11/14/2025
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Darcy Chapdelaine, Springfield



*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>	Eligibility, Under 65
<b>Decision Date:</b>	11/18/2025	<b>Hearing Date:</b>	11/14/2025
<b>MassHealth's Rep.:</b>	Darcy Chapdelaine	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Telephonic		

## 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 10/13/25, MassHealth downgraded the appellant's MassHealth eligibility from CommonHealth to Health Safety Net (HSN) because the appellant no longer meets the disability criteria for CommonHealth. (130 CMR 505.002 and Exhibit 1). The appellant filed this appeal timely on 10/14/25. (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 downgraded the appellant from CommonHealth to HSN.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002 and 130.505.004, in determining that the appellant no longer meets the eligibility criteria for CommonHealth.

## Summary of Evidence

The MassHealth representative testified that the appellant, who is under 65, was previously determined disabled by MassHealth Disability Evaluation Services (DES). The MassHealth representative testified that on 10/13/25, MassHealth received a disability tracking form from DES, which indicated the appellant's disability supplement was incomplete. The MassHealth representative testified that, due to the incomplete disability supplement, DES was unable to make a disability determination; therefore, the appellant no longer qualifies for CommonHealth. The MassHealth representative testified that until MassHealth receives a disability determination showing the appellant continues to remain disabled, MassHealth cannot change the appellant's eligibility status. The appellant is over the income limit for any other MassHealth program. The appellant's income is \$3,543.83 a month, which is 266.73% of the current Federal Poverty Level (FPL).

The appellant testified that she spoke with DES and was told that there was missing information on the disability supplement, which she has since provided. The appellant testified that she is waiting for DES to finish processing her case.

## **Findings of Fact**

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

1. The appellant, who is under 65, was previously determined disabled by DES and enrolled in MassHealth CommonHealth.
2. On 10/13/25, MassHealth received a disability tracking form from DES, which indicated the appellant's disability supplement was incomplete.
3. Due to the incomplete disability supplement, DES was unable to make a disability determination; therefore, the appellant no longer qualifies for CommonHealth as she is no longer considered disabled.
4. MassHealth cannot change the appellant's eligibility status until MassHealth receives a disability determination showing the appellant continues to remain disabled.
5. The appellant's income is \$3,543.83 a month, which is 266.73% of the FPL.
6. The appellant spoke with DES and was told that there was missing information on the disability supplement, which she has now provided.
7. The appellant is waiting for DES to finish processing her case.

## Analysis and Conclusions of Law

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:

- (A) The MassHealth coverage types are the following:
- (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 old 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 categorically eligible for MassHealth coverage, an individual must be either under the age of 19, a pregnant female, a parent living with children under the age of 19, have HIV, breast or cervical cancer, or have been determined disabled by either the Social Security Administration or DES.<sup>1</sup> The appellant did not meet any category to be eligible for MassHealth because the appellant's disability supplement had not been processed by DES.

The applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of the MassHealth program. (130 CMR 515.008(A)). If the requested information is not received, MassHealth benefits may be denied. (130 CMR 516.001). The appellant does not meet any of the categories for eligibility; therefore, this appeal is **denied**.<sup>2</sup>

## Order for MassHealth

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<sup>1</sup> The appellant's income is \$3,543.83 a month, which is 266.73% of the FPL and over the limit for MassHealth, which is 133% of the FPL for a family of 1 in 2025 (\$1,734.54 a month).

<sup>2</sup> Should the appellant be deemed disabled by DES again, she may reapply for MassHealth benefits at that time.

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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Christine Therrien  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center