

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2518878
<b>Decision Date:</b>	2/4/2026	<b>Hearing Date:</b>	01/14/2026
<b>Hearing Officer:</b>	Emily Sabo	<b>Record Open to:</b>	01/21/2026

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Faisal Mugimi, Charlestown 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility—under 65
<b>Decision Date:</b>	2/4/2026	<b>Hearing Date:</b>	01/14/2026
<b>MassHealth's Rep.:</b>	Faisal Mugimi	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center (Telephone)	<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 November 5, 2025, MassHealth notified the Appellant that it was downgrading his benefit from CommonHealth to temporary Health Safety Net<sup>1</sup> because he no longer meets the disability requirements. 130 CMR 505.002(E), 130 CMR 505.044, and Exhibit 1. The Appellant filed this appeal in a timely manner on December 19, 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 terminated the Appellant's MassHealth CommonHealth effective December 31, 2025.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002(E) and 130 CMR

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<sup>1</sup> To allow him to enroll in a ConnectorCare plan within 90 days. Exhibit 1.

505.004, in terminating the Appellant's MassHealth CommonHealth?

## Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult between the ages of 21-64, who has a household size of one. The MassHealth representative testified that the Appellant's countable annual income is \$29,896.50 and that he is eligible for a Connector Care Type 2B plan. The MassHealth representative testified that the Appellant is currently receiving MassHealth benefits through the Massachusetts Department of Mental Health, but that MassHealth does not have a record of the Appellant having a disability verified by the Social Security Administration, Disability Evaluation Services, or the Massachusetts Commission for the Blind.

The Appellant verified his identity and agreed with the income information provided by MassHealth. The Appellant testified that he had completed and submitted his disability supplement to MassHealth in 2024. The Appellant testified that he had gotten an email from the UMass insurance resource division stating that his disability had been verified on May 7, 2024. The Appellant was concerned about losing his MassHealth benefits.

The record was held open to try and clarify the situation with Disability Evaluation Services. Exhibit 5. A representative from Disability Evaluation Services responded that the Appellant:

is in our system, but we have not completed a review on him since 3/1/2024. His approval at that time was for 1 year and ended on 3/1/2025. He was sent a supplement to complete on 7/23/2025 but it was not returned. He can submit the completed supplement and medical releases to us at any time and we will process the review.

Exhibit 6 at 1.

## Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64 and has a household size of one. Testimony, Exhibit 4.
2. The Appellant has an ongoing MassHealth benefit through the Massachusetts Department of Mental Health. Testimony, Exhibit 4.
3. The Appellant's countable annual income is \$29,896.50. Testimony.

4. MassHealth does not have a record of the Appellant having a disability verified by the Social Security Administration, Disability Evaluation Services, or the Massachusetts Commission for the Blind. Testimony, *see also* Exhibit 6.
5. On November 5, 2025, MassHealth notified the Appellant that his MassHealth CommonHealth coverage was ending December 31, 2025. Exhibit 1.
6. On December 19, 2025, the Appellant timely filed an appeal with the Board of Hearings. Exhibit 2.

## Analysis and Conclusions of Law

MassHealth regulations provide:

### 130 CMR 501.001: Definition of Terms

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Disabled – having a permanent and total disability.

Disabled Adult Household – *see* 130 CMR 506.002(C): *MassHealth Disabled Adult Household*.

Disabled Working Adult – a person who is engaged in substantial gainful activity but otherwise meets the definition of disabled, as defined in Title XVI of the Social Security Act.

Disability Evaluation Services (DES) – 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.

### 130 CMR 505.002: MassHealth Standard

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(E) Disabled Individuals.

(1) Disabled Adults. A disabled adult 21 through 64 years old or a disabled young adult 19 through 20 years old who does not meet the requirements described at 130 CMR 505.002(B)(3)(a)1. is eligible for MassHealth Standard coverage if they meet the following requirements:

(a) the individual is permanently and totally disabled as defined in 130 CMR 501.001: *Definition of Terms*;

(b) the modified adjusted gross income of the MassHealth Disabled Adult household as described in 130 CMR 506.002(C): *MassHealth Disabled Adult Household* is less than or

equal to 133% of the federal poverty level (FPL), or the individual is eligible under section 1634 of the Social Security Act (42 U.S.C. § 1383c) as a disabled adult child or as a disabled widow or widower, or is eligible under the provisions of the Pickle Amendment as described at 130 CMR 519.003: Pickle Amendment Cases;

(c) the individual is 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*; and

(d) the individual complies with 130 CMR 505.002(M).

(2) Determination of Disability. Disability is established by

(a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);

(b) a determination of disability by the SSA; or

(c) a determination of disability by the Disability Evaluation Services (DES).

(3) Extended MassHealth Eligibility. Disabled persons whose SSI disability assistance has been terminated and who are determined to be potentially eligible for MassHealth continue to receive MassHealth Standard until the MassHealth agency makes a determination of ineligibility.

#### 130 CMR 505.004: MassHealth CommonHealth

(A) Overview.

(1) 130 CMR 505.004 contains the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults.

(2) Persons eligible for MassHealth CommonHealth coverage are eligible for medical benefits as described in 130 CMR 450.105(E): *MassHealth CommonHealth*.

(B) Disabled Working Adults. Disabled working adults must meet the following requirements:

(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).

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(H) Determination of Disability. 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).

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130 CMR 505.008: MassHealth CarePlus

(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.
- (2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *MassHealth: Managed Care Requirements* and must meet the following conditions.
  - (a) The individual is an adult 21 through 64 years old.
  - (b) The individual is 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*.
  - (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.
  - (d) The individual is ineligible for MassHealth Standard.
  - (e) The adult complies with 130 CMR 505.008(C).
  - (f) The individual is not enrolled in or eligible for Medicare Parts A or B.

For 2025, 133% of the federal poverty level for a household of one is \$20,820.00 in gross annual income. Therefore, because the Appellant's income is greater than 133% of the federal poverty level, he is not eligible for MassHealth CarePlus. 130 CMR 505.008(A)(2)(c). In order to be eligible for MassHealth Standard as a disabled individual, or MassHealth CommonHealth, an individual must be deemed disabled by a certification of legal blindness by the Massachusetts Commission for the Blind, or a determination of disability by the Social Security Administration or the Disability Evaluation Services. 130 CMR 505.002(E)(2); 130 CMR 505.004(H). Here, MassHealth does not have a record of the Appellant having a disability verified by any of those three organizations. Therefore, MassHealth did not err in terminating the Appellant's CommonHealth benefit and the appeal is denied.<sup>2</sup>

## Order for MassHealth

None.

## Notification of Your Right to Appeal to Court

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<sup>2</sup> MassHealth testified that the Appellant has MassHealth benefits through the Department of Mental Health as an ongoing benefit, notwithstanding the November 5, 2025, notice and this decision. *See also* Exhibit 4. The Appellant may also wish to follow up with Disability Evaluation Services to submit a completed supplement and medical releases. *See also* Exhibits 6 and 7.

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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Emily Sabo  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129