

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2201888
Decision Date:	6/28/2022	Hearing Date:	05/04/2022
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se

Appearance for MassHealth:

Via telephone:

Aida Crespo, Springfield MEC

Katie Mullen, Premium Assistance



*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

Appeal Decision:	Denied	Issue:	Premium Assistance
Decision Date:	6/28/2022	Hearing Date:	05/04/2022
MassHealth's Rep.:	Aida Crespo Katie Mullen	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center	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 February 17, 2022, MassHealth informed the appellant that MassHealth has stopped his Premium Assistance payments (Exhibit 1). The appellant filed this appeal in a timely manner on March 14, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

The appeal was originally scheduled for April 11, 2022 but was rescheduled at the request of the appellant.

Action Taken by MassHealth

MassHealth terminated the appellant's Premium Assistance payments.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant no longer qualifies for Premium Assistance payments.

Summary of Evidence

MassHealth was represented at hearing via telephone by a MassHealth eligibility worker and a representative from Premium Assistance. The eligibility worker testified that the appellant has a disabled adult son. The son has a household size of one and his income is 101.9% of the Federal Poverty Level (FPL). He has been eligible for MassHealth Standard since May 2007. He has Cigna as his primary insurance and MassHealth as his secondary.

The Premium Assistance representative testified that the appellant has been receiving Premium Assistance payments since 2008 which were covering his disabled adult son. On February 17, 2022, Premium Assistance sent him a closure letter stating that his Premium Assistance payments have stopped. There was an update in the system on February 16, 2022 which showed that the adult disabled son no longer lived in the appellant's household. As a result, the appellant no longer meets the criteria for Premium Assistance payments described in the MassHealth regulations. The applicable regulation, 130 CMR 506.012(B), requires that the health insurance policy holder is either in the Premium Billing Family Group (PBFG) or resides with the individual who is eligible for the Premium Assistance benefit and is related to the individual by blood, adoption, or marriage. She stated that the appellant does not live with his son and is not in the PBFG.

The appellant appeared at hearing via telephone and testified that his son is a [REDACTED] man with intellectual disabilities. He receives supported employment funding through an adult provider agency. For over ten years, the appellant's son has resided in an apartment (separate from his parents) with a live-in aide through the Adult Foster Care (AFC) program. His son's living situation has not changed, except that he moved to a different apartment. The appellant stated that he knows of families whose disabled adult children live in group homes and continue to get Premium Assistant payments. He has elected not to have his son reside in a group home for many different reasons, but that should not prejudice his son from being treated the same as others with disabilities who do reside in a group home. His son receives a similar amount of support that many in group homes do.

The Premium Assistance representative responded that she cannot comment on other individuals' situations. But the appellant's address changed in the system on February 16, 2022, which prompted the notice under appeal. She confirmed the appellant's son's residence, which is separate from the appellant's. The son uses the appellant's address as his mailing address, but it is not where he resides.

Findings of Fact

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

1. The appellant has a [REDACTED] disabled, adult son for whom he had been receiving Premium Assistance payments (Testimony).
2. The appellant's son has a household size of one and his income is 101.9% of the FPL and he is

eligible for MassHealth Standard (Testimony).

3. The son has Cigna as his primary insurance and MassHealth as his secondary (Testimony).
4. On February 17, 2022, Premium Assistance sent him a closure letter stating that his Premium Assistance payments have stopped (Testimony and Exhibit 1).
5. The appellant's son resides in an apartment (apart from his parents) with a live-in aide through the AFC program (Testimony and Exhibit 4).
6. The appellant does not reside with his son and is not in the same PBFG (Testimony).

Analysis and Conclusions of Law

Pursuant to 130 CMR 506.011(A)(1), a Premium Billing Family Group (PBFG) is comprised of:

- (a) an individual;
- (b) a couple who are two persons married to each other according to the rules of the Commonwealth of Massachusetts and are living together; or
- (c) a family who live together and consist of
 1. a child or children under the age of 19, any of their children, and their parents;
 2. siblings under the age of 19 and any of their children who live together, even if no adult parent or caretaker is living in the home; or
 3. a child or children under the age of 19, any of their children, and their caretaker relative when no parent is living in the home.

Under 130 CMR 506.012(B), MassHealth may provide Premium Assistance payments to an eligible member when **all** of the following criteria are met:

- (1) The health-insurance coverage meets the Basic Benefit Level (BBL) as defined in 130 CMR 501.001: *Definition of Terms*...
- (2) The health-insurance policy holder is either**
 - (a) in the PBFG; or**
 - (b) resides with the individual who is eligible for the premium assistance benefit and is related to the individual by blood, adoption, or marriage.**
- (3) At least one person covered by the health-insurance policy is eligible for MassHealth benefits as described in 130 CMR 506.012(A) and the health-insurance policy is a policy that meets the criteria of the MassHealth coverage type for premium assistance benefits as described in 130 CMR 506.012(C).

(Emphasis added).

The appellant is not in the PBFG and does not reside with his son. Whether or not other families with disabled adult children in group homes receive Premium Assistance payments is irrelevant. Here, the appellant's son does not live in a group home and the appellant and his son do not meet the criteria set forth in the applicable regulations to qualify for Premium Assistance payments.

For these reasons, MassHealth's determination was correct and the appeal is 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104