

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2301587
Decision Date:	6/20/2023	Hearing Date:	04/12/2023
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

 (mother)

Appearance for MassHealth:

Mildalys Nunez- Springfield 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

Appeal Decision:	DENIED	Issue:	Eligibility
Decision Date:	6/20/2023	Hearing Date:	04/12/2023
MassHealth's Rep.:	Mildalys Nunez	Appellant's Rep.:	Mother
Hearing Location:	Springfield MEC		

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 23, 2023, MassHealth informed Appellant that her MassHealth Family Assistance benefits would be upgraded to MassHealth CommonHealth as of September 26, 2022 (Exhibit A). Appellant filed for an appeal with the Board of Hearings in a timely manner on March 17, 2023 (See 130 CMR 610.015(B) and Exhibit A). Eligibility determinations constitute adequate grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth upgraded Appellant's benefits from Family Assistance to MassHealth CommonHealth.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it upgraded Appellant's benefits from Family Assistance to MassHealth CommonHealth.

Summary of Evidence

Both parties appeared by telephone.

The MassHealth representative testified that Appellant had been receiving MassHealth Family Assistance benefits up until February 2023 when she was determined to be a disabled minor for MassHealth eligibility purposes as of September 26, 2022.

The MassHealth representative explained that as a disabled minor [REDACTED] Appellant would be eligible for either MassHealth Standard or MassHealth CommonHealth depending on Appellant's household size and countable income. The MassHealth representative testified that Appellant resides in a household of three (3) with gross countable monthly household income equaling 302.05% of the federal poverty level (FPL) for a household of three. Because the income limit for MassHealth Standard is 133% FPL, Appellant was deemed ineligible for Standard, but eligible for MassHealth CommonHealth which does not have an income limit.

Appellant was represented by her mother who testified that Appellant has an extensive history of being treated for mental/behavioral health issues including hospitalizations. Appellant's mother explained that Appellant has been with the same pediatrician and behavioral health providers for years, but these providers do not accept MassHealth CommonHealth. She fears Appellant will suffer a serious set-back in her condition if she has to switch providers. Appellant's mother asked for an exception to ensure continuity of care and asked that Appellant be placed on MassHealth Standard (see, Fair Hearing Request, Exhibit A).

Findings of Fact

By a preponderance of the evidence, this record supports the following findings:

1. At the time of hearing, Appellant was [REDACTED]
2. Appellant had been receiving MassHealth Family Assistance benefits up until February 2023 when she was determined to be a disabled minor for MassHealth eligibility purposes as of September 26, 2022.
3. Appellant resides in a household of three (3).
4. Appellant's gross countable monthly household income equals 302.05% of the federal poverty level (FPL) for a household of three.

5. MassHealth determined that Appellant is eligible for MassHealth CommonHealth as of September 26, 2022.

Analysis and Conclusions of Law

"The burden of proof is on the appealing party to show that the order appealed from is invalid, and we have observed that this burden is heavy" (*Massachusetts Inst. of Tech. v. Department of Pub. Utils.*, 425 Mass. 856, 867, 684 N.E.2d 585 (1997)).

Appellant did not dispute MassHealth's calculation of her household size or the gross countable monthly income.

At hearing, MassHealth erred in citing the applicable income limit as 133% FPL. The correct limit for a child aged 1-18 is 150% FPL. However, Appellant's uncontested gross countable household income of 302.05% FPL still exceeds the applicable limit. Accordingly, MassHealth correctly determined that Appellant is not financially eligible for MassHealth Standard benefits (130 CMR 505.002(B)(2)(a)(1)).

As a disabled child aged [REDACTED], Appellant is financially and categorically eligible for MassHealth CommonHealth which does not have an eligibility income limit (130 CMR 505.001(A)(2)). Because Appellant is eligible for MassHealth CommonHealth, she is not eligible for her former benefit level of Family Assistance (130 CMR 505.001(A)(4)).

Appellant's mother asked for an exception to be made for the sake of continuity of care; however, she cited no legal basis to allow for such exception.

On this record, Appellant has failed to show that MassHealth's action is invalid. Accordingly, 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186