

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2310132

**Decision Date:** 11/21/2023

**Hearing Date:** 11/20/2023

**Hearing Officer:** Alexis Demirjian

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Lorena Garcia, Tewksbury 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>	Under 65; Eligibility
<b>Decision Date:</b>	11/21/2023	<b>Hearing Date:</b>	11/20/2023
<b>MassHealth's Rep.:</b>	Garcia	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephonic	<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 September 26, 2023, MassHealth downgraded the appellant from MassHealth Standard to MassHealth CarePlus benefits. (see 130 CMR 505.007 and Exhibit 1). The appellant filed this appeal in a timely manner on October 14, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Determinations on scope of assistance are valid grounds for appeal before the Board of Hearings. (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth downgraded the appellant from MassHealth Standard to MassHealth CarePlus.

## Issue

Whether MassHealth properly determined the appellant qualified for MassHealth CarePlus.

## Summary of Evidence

The appellant is under 65 years of age and over 21 years of age. The appellant had previously been determined disabled under the Social Security Administration regulations. The appellant testified that she no longer has coverage under SSI or SSDI and has reapplied for those programs. The

appellant has not filled out a MassHealth disability supplement.

MassHealth testified that the appellant went through the renewal process on September 26, 2023. The appellant has no income and is a household of one, they are at 0.00% of the federal poverty level (FPL). The appellant is a citizen. The appellant does not have any qualifying factors that would make them eligible for MassHealth Standard.

The MassHealth representative testified that a disability supplement had been sent to the appellant, but MassHealth has no record that a completed disability supplement was ever submitted. The MassHealth representative agreed to send a new disability supplement to the appellant to see if the appellant may qualify for MassHealth CommonHealth.

## Findings of Fact

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

1. The appellant is over 21 years of age, and under 65 years of age. (Testimony)
2. The appellant has no income and is a household of one, they are at 0.00% of the FPL. (Exhibit 1; Testimony)
3. The appellant is not currently receiving disability benefits from the Social Security Administration. (Testimony)
4. The appellant has not completed a MassHealth disability supplement application. (Testimony)
6. The appellant is a citizen of the United States of America. (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 are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) *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 members, and medically frail as such term is defined in 130 CMR 505.008(F);

- (2) *CommonHealth* - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) *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) *Small Business Employee Premium Assistance* - for adults or young adults who
  - (a) work for small employers;
  - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
  - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
  - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) *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
- (7) *Senior Buy-In and Buy-In* - for certain Medicare beneficiaries.

130 CMR 505.001(A).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant did not meet any of the categorical requirements for MassHealth Standard.

MassHealth CarePlus is available for adults aged 21 through 64 years who are not eligible for MassHealth Standard.

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

The facts of this case support a finding that MassHealth properly determined the appellant meets both the categorical and financial eligibility for MassHealth CarePlus. The appellant is between 21 years of age and 64 years of age. The appellant is a US citizen. The appellant has a modified adjusted gross income of less than or equal to 133% of the FPL. The appellant is not eligible for MassHealth Standard. Additionally, the appellant is not currently eligible for Medicare Parts A or B or enrolled in these programs. The appellant is not employed and does not have access to employer sponsored insurance.

Accordingly, MassHealth's determination that the appellant qualified for CarePlus was proper and this appeal is DENIED.

The appellant is encouraged to complete the disability supplement and submit to the determination services to see if they qualify for MassHealth CommonHealth.

## **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.

---

Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290