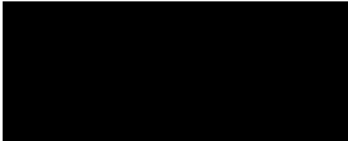


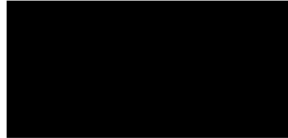
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2311868
<b>Decision Date:</b>	01/12/2024	<b>Hearing Date:</b>	12/22/2023
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**



**Appearance for MassHealth:**

*Via telephone:*

Luisa Cabral, Quincy 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>	Eligibility; Under 65
<b>Decision Date:</b>	01/12/2024	<b>Hearing Date:</b>	12/22/2023
<b>MassHealth's Rep.:</b>	Luisa Cabral	<b>Appellant's Rep.:</b>	Pro se Daughter
<b>Hearing Location:</b>	Quincy Harbor South Remote	<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 17, 2023, MassHealth approved the appellant for MassHealth CarePlus benefits (Exhibit 1). The appellant filed this appeal in a timely manner on November 21, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Determinations regarding scope or amount of assistance are valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CarePlus benefits effective November 7, 2023.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant qualified for MassHealth CarePlus benefits.

## Summary of Evidence

The MassHealth representative, the appellant, and her daughter appeared at hearing via telephone. The MassHealth representative testified as follows: on November 17, 2023, MassHealth received an application for the appellant and approved her for MassHealth CarePlus benefits. The appellant is over the age of 21, but under the age of 65 with a household size of one. The notice reported the appellant's income at 70.23% of the Federal Poverty Level (FPL); however, her only income is Supplemental Security Income (SSI), which MassHealth does not consider. As such, MassHealth recalculated her income at \$0 per month, or 0% of the FPL. Based on this information, the appellant is eligible for CarePlus benefits. The appellant has not been determined disabled, but the MassHealth representative has sent her the Adult Disability Supplement because of a potential disability. Once the appellant submits that and the Disability Evaluation Services (DES) reviews it, she may be eligible for other MassHealth coverage.

The appellant testified that she wants MassHealth Standard benefits because CarePlus does not cover personal care attendant (PCA) services. She is handicapped on her right side from a stroke and needs a walker or cane to get around. She stated that she had been on MassHealth Standard before she moved out of the state and now that she is back, she wants the same coverage.

The MassHealth representative stated that MassHealth Standard is primarily for children, parents of children under 19, pregnant women, disabled individuals, certain persons who are HIV positive, and individuals with breast or cervical cancer. The appellant does not meet any of these categories. Additionally, the MassHealth representative did not see in her system that the appellant had Standard benefits through MassHealth. It appears that she previously received coverage through the Department of Transitional Assistance (DTA), which is different than going through MassHealth for coverage.

## Findings of Fact

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

1. The appellant is over the age of 21 and under the age of 65 with a household size of one (Testimony and Exhibit 4).
2. On November 17, 2023, MassHealth notified the appellant that she was approved for MassHealth CarePlus benefits effective November 7, 2023 (Testimony and Exhibit 1).
3. The appellant's countable income is \$0 (Testimony).
4. To qualify for MassHealth Standard, an individual must fit into one of the following eligibility categories: 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).

5. Currently, the appellant does not meet any of these categories (Testimony).
6. On November 21, 2023, the appellant timely appealed the approval notice (Exhibit 2).
7. The appellant seeks MassHealth Standard benefits because MassHealth CarePlus does not cover PCA services (Testimony).

## **Analysis and Conclusions of Law**

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,<sup>1</sup> 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;

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

- (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.

Categorically, the appellant is eligible for CarePlus, not Standard. She does not fall into any of the eligibility categories for MassHealth Standard benefits as listed in 130 CMR 505.001(A)(1). Under 130 CMR 505.008(A)(2)(c), the income limit for CarePlus coverage is 133% of the FPL. For a household of one, that limit is \$1,616 per month. Based on the appellant's income of \$0, she is financially eligible for CarePlus. For these reasons, the MassHealth decision approving the appellant for MassHealth CarePlus benefits was correct and the appeal is denied.<sup>2</sup>

## 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc: Tosin Adebyi, Appeals Coordinator, Quincy MEC, 100 Hancock Street, Quincy, MA 02171

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<sup>2</sup> The appellant may be eligible for other MassHealth benefits pending her submission and MassHealth's review of the Adult Disability Supplement; however, that determination is outside the scope of this appeal.