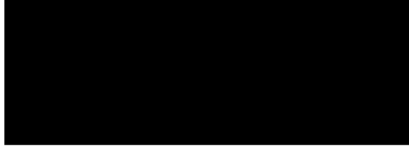


# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Remand	<b>Appeal Number:</b>	2402118
<b>Decision Date:</b>	03/29/2024	<b>Hearing Date:</b>	03/27/2024
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Darcy Chapdelaine



*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>	Remand	<b>Issue:</b>	Eligibility – Under 65 Years of Age; Healthcare Reform
<b>Decision Date:</b>	03/29/2024	<b>Hearing Date:</b>	03/27/2024
<b>MassHealth's Rep.:</b>	Darcy Chapdelaine	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<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 02/02/2024, MassHealth informed the appellant that it determined she was not eligible for MassHealth benefits because her income exceeds the guidelines (130 CMR 506.007(B), 502.003; Exhibit 1). The appellant filed a timely appeal on 02/12/2024 (130 CMR 610.015(B) and Exhibit 2). Denial of benefits is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

### Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing telephonically. The MassHealth representative testified that the appellant submitted an application for MassHealth benefits on 01/14/2024. For the purposes of MassHealth eligibility, the appellant and her spouse form a household of two people. The appellant has no income; however, her spouse has countable income of \$5,148.00 per month. The household's income is 308% of the federal poverty limit (FPL).

The MassHealth representative testified that for an applicant to be eligible for MassHealth benefits, her income must be less than 133% of the FPL, or \$2,266.00 per month. The appellant claimed a disability and has submitted a disability application to MassHealth. As of the date of the fair hearing, the application was pending. The MassHealth representative testified that without a disability determination, the appellant is not eligible for MassHealth benefits; however, if she is determined to be disabled, then she may be eligible for MassHealth CommonHealth benefits regardless of her household's income.

The appellant testified that she was determined to be disabled by the Social Security Administration (SSA) with a disability onset date of [REDACTED]. She currently is eligible for and receives Social Security benefits as a result of her disability. She provided a copy of the SSA letter to the hearing record.

The MassHealth representative responded that she could not accept a letter from SSA regarding disability. She stated that if the MassHealth computer system does not "match" with the SSA computer system, then the appellant must apply for a disability determination by MassHealth.

## **Findings of Fact**

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

1. The appellant is between the ages of 19 and 64 (Testimony).
2. For the purposes of MassHealth eligibility, the appellant and her spouse are counted as a household of two people (Testimony).
3. The appellant's household has countable income of \$5,148.00 per month from the spouse's employment (Testimony).
4. 133% of the federal poverty limit for a household of two is \$2,266.00 (03/2024).
5. The appellant submitted an application for MassHealth benefits on 01/14/2024.
6. On 02/02/2024, MassHealth informed the appellant that it denied her application for

MassHealth benefits because her household income exceeds the guidelines for that benefit (Exhibit 1).

7. MassHealth informed the appellant she has not been determined to be disabled (Testimony; Exhibit 1).
8. The appellant submitted a disability application with MassHealth and as of the date of the fair hearing, the disability application remains pending.
9. The appellant filed a timely appeal on 02/12/2024 (Exhibit 2).
10. A fair hearing was held on 03/27/2024. The appellant appeared telephonically, as did the MassHealth representative (Exhibit 3).
11. At the fair hearing, the appellant provided a letter from the Social Security Administration, indicating that she was determined to be disabled with a disability onset date of 05/25/2021 (Exhibit 4).

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, 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 (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);**
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;**
- (3) MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) for certain Medicare beneficiaries.

***(Emphasis added.)***

Regulations at 130 CMR 505.002(E) address MassHealth eligibility for disabled adults as follows:

(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.

(See 130 CMR 505.002. **Emphasis added.**)

MassHealth determined that the appellant is not eligible for MassHealth benefits because her household's income exceeds 133% of the FPL and she does not meet MassHealth's disability requirements. At the fair hearing, the appellant provided proof that she meets SSA disability requirements, with a disability onset date of 05/25/2021. The MassHealth representative testified that she could not accept a letter from the Social Security Administration as proof that the appellant is disabled. Pursuant to the above regulation, MassHealth should have accepted the letter from the Social Security Administration and therefore it erred in notifying the appellant that she was not disabled and therefore not eligible for MassHealth benefits. Accordingly, this appeal is remanded to MassHealth to redetermine eligibility based on the appellant's disability determination by SSA with a disability onset date of 05/26/2021.

## Order for MassHealth

Rescind the denial notice dated 02/02/2024. Determine the appellant to meet MassHealth's disability criteria with a disability onset date of 05/26/2021. Redetermine eligibility using 01/14/2024 application date. Notify the appellant of the eligibility determination and include appeal rights.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings at the address on the first page of this decision.

## **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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc:

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