

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2403819
<b>Decision Date:</b>	5/2/2024	<b>Hearing Date:</b>	04/10/2024
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Racheal Dorsey, Quincy MEC

**Interpreter:**



*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-Categorical Eligibility
<b>Decision Date:</b>	5/2/2024	<b>Hearing Date:</b>	04/10/2024
<b>MassHealth's Rep.:</b>	Racheal Dorsey	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	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 January 12, 2024, MassHealth approved the appellant's application for MassHealth CarePlus. See 130 CMR 505.001(A)(3) and Exhibit 1. The appellant's appeal was timely filed on March 11, 2024. See 130 CMR 610.015(B) and Exhibit 2. Determination of scope and amount of assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032(A)(5).

### Action Taken by MassHealth

MassHealth determined that the appellant is eligible for MassHealth CarePlus benefits.

### Issue

Whether MassHealth correctly determined that the appellant is eligible for MassHealth benefits pursuant to 130 CMR 505.001.

### Summary of Evidence

The following is a summary of the testimonies and evidence provided at the hearing:

MassHealth was represented telephonically by a worker from the Quincy MassHealth Enrollment Center. The MassHealth representative testified that the appellant is an adult under the age of [REDACTED] who resides in the community. She is considered a household of one for the purposes of

MassHealth eligibility. The appellant has been on MassHealth CarePlus since March 21, 2019. The MassHealth representative stated that a recent eligibility determination verified the appellant's household income to be \$0.00 per month, equating to 0.00% of the federal poverty level. She therefore was again determined to be eligible for MassHealth CarePlus benefits. The MassHealth representative testified that in order to be eligible for MassHealth Standard benefits, a member must be determined to be disabled by MassHealth or by the Social Security Administration. Alternatively, the appellant's benefits may be upgraded to MassHealth Standard benefits if she meets the definition of "medically frail." The MassHealth representative testified that the appellant does not have a disability determination in the system and she has not self-declared to be medically frail.

The appellant participated telephonically and was assisted by a Spanish-speaking interpreter provided by the Board of Hearings. The appellant verified her identity and stated that she suffers from arthritis which limits her movement. She stated that she has had MassHealth Standard in the past and she wants the same benefits again because she needs the services of a PCA, which are not covered by MassHealth CarePlus benefits. When asked by the hearing officer if she is medically frail, the appellant testified that she is not. She also testified that she does not have a disability determination by the Disability Evaluation Services or by the Social Security Administration.

The MassHealth representative responded that MassHealth will send a disability application to the appellant.

## **Findings of Fact**

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

1. The appellant is under age [REDACTED] and lives in the community. She is considered a household of one for the purposes of MassHealth eligibility (Testimony).
2. The appellant has been on MassHealth CarePlus since March 21, 2019. (Testimony).
3. On January 12, 2024, the appellant was again determined to be eligible for MassHealth CarePlus and MassHealth issued an approval notice on the same day. (Testimony, Exhibit 1).
4. The appellant filed a timely appeal on March 11, 2024. She is seeking to have her benefits upgraded to MassHealth Standard benefits so that she can apply for PCA services. (Exhibit 2).
5. There is no dispute that the appellant meets the eligibility requirements for MassHealth CarePlus benefits. (Testimony).

6. The appellant has not been deemed disabled by MassHealth or the Social Security Administration.<sup>1</sup> (Testimony).
7. The appellant is not medically frail. (Testimony)

## Analysis and Conclusions of Law

Generally, MassHealth regulations at 130 CMR 505.000 explains the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth Standard benefits, applicants must meet both the categorical requirements **and** financial standards.

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

- (1) ***MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults<sup>2</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) 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 of age 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, CommonHealth, or CarePlus;
- (5) MassHealth 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
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

***(Emphasis added.)***

The appellant is over the age of ■ but under ■. She has not provided verification that she has been deemed disabled by MassHealth or the Social Security Administration. She has not presented any evidence that she has any of the listed health conditions. MassHealth determined

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<sup>1</sup> Disability is defined by 130 CMR 501.001 and by 42 U.S.C.A. § 1382c(a)(1), et seq.

<sup>2</sup> “[Y]oung adults” are defined as those aged ■ and ■. See 130 CMR 501.001.

that the appellant meets the requirements for MassHealth CarePlus benefits.

An individual who meets the eligibility criteria for MassHealth CarePlus may have her benefits upgraded to MassHealth Standard benefits if she has been determined medically frail, is disabled, or is an individual with special medical needs. See 130 CMR 505.002(J). Medically Frailty is described in the following manner:

(F)....To be considered medically frail or a person with special medical needs, an individual must be

- (1) an individual with a disabling mental disorder (including children with serious emotional disturbances and adults with serious mental illness);
- (2) an individual with a chronic substance use disorder;
- (3) an individual with a serious and complex medical condition;
- (4) an individual with a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or
- (5) an individual with a disability determination based on Social Security criteria.

(130 CMR 505.008(F))

The appellant testified that she has arthritis that limits her movement. However, when asked, she denied being medically frail. See 130 CMR 505.008(F); 130 CMR 505.001(A)(1); or 130 CMR 505.001(A)(2).

The appellant has not been deemed disabled and denies being medically frail, as MassHealth correctly determined that the appellant is eligible for MassHealth CarePlus. She is not eligible for MassHealth Standard benefits.

For the foregoing reasons, MassHealth's action is upheld, 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6<sup>th</sup>  
Floor, Quincy, MA 02171