

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405959
Decision Date:	7/1/2024	Hearing Date:	05/16/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Damion English, Quincy MassHealth
Enrollment Center

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

Appeal Decision:	Denied	Issue:	Under 65; Eligibility
Decision Date:	7/1/2024	Hearing Date:	05/16/2024
MassHealth's Rep.:	Damion English	Appellant's Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	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 February 25, 2024, MassHealth renewed the appellant's MassHealth CarePlus benefits. See 130 CMR 505.008 and Exhibit 1. The appellant filed this appeal in a timely manner on April 12, 2024. See 130 CMR 610.015(B) and Exhibit 2. Agency action limiting the scope of assistance assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CarePlus benefits.

Issue

The appeal issue is whether MassHealth correctly approved the appellant for MassHealth CarePlus benefits instead of MassHealth Standard benefits.

Summary of Evidence

The appellant is an adult under the age of [REDACTED] who resides in a household of one. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The following is a summary of the evidence and testimony provided at the hearing.

On February 25, 2024, MassHealth renewed the appellant's MassHealth CarePlus benefits, as she is a single person who is not the caretaker of a minor child. The appellant additionally testified that she is not pregnant, does not have breast or cervical cancer, and is not HIV positive. She reported that she recently broke her arm and has difficulty raising her arm over her head. She stated that she requires PCA assistance that is not covered by MassHealth CarePlus. The MassHealth representative stated that he will send the appellant a disability supplement to determine if she qualifies for MassHealth CommonHealth benefits.

Findings of Fact

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

1. The appellant is a single adult under the age of [REDACTED] and a current MassHealth member. Testimony, Exhibit 4.
2. On February 25, 2024, MassHealth renewed the appellant's MassHealth CarePlus benefits. Exhibit 1.
3. The appellant filed a request for a fair hearing in a timely manner on April 12, 2024. Exhibit 2.
4. The appellant has no minor children, is not pregnant, does not have a current breast or cervical cancer diagnosis, and is not HIV positive. 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 for individuals under the age of [REDACTED] 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 [REDACTED] 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 is over the age of ■ but under ■ is not a caretaker of a child, and has none of the listed health conditions. Further, although the appellant testified that she has suffered an injury and requires the assistance of a personal care attendant, determination of a disability for purposes of MassHealth eligibility may only be made by the Massachusetts Commission for the Blind, the Social Security Administration, or the Disability Evaluation Services. 130 CMR 505.002(E)(2). Without evidence of a finding from any of those entities, I cannot determine whether the appellant has a disability that would qualify her for MassHealth Standard or MassHealth CommonHealth benefits.¹

Therefore, the appellant has not shown that she is entitled to benefits beyond MassHealth CarePlus. I find no error with MassHealth's issuing of the February 25, 2024 notice.

For the foregoing reasons, the appeal is hereby DENIED.

Order for MassHealth

None.

¹ The appellant may still submit a disability supplement for evaluation should she wish to be considered for such benefits.

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.

Mariah Burns
Hearing Officer
Board of Hearings

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