

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2407522
<b>Decision Date:</b>	7/29/2024	<b>Hearing Date:</b>	06/18/2024
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sarah Sardella, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Under 65; Eligibility
<b>Decision Date:</b>	7/29/2024	<b>Hearing Date:</b>	06/18/2024
<b>MassHealth's Rep.:</b>	Sarah Sardella	<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 April 23, 2024, MassHealth approved the appellant for MassHealth CarePlus benefits. *See* 130 CMR 505.008 and Exhibit 1. The appellant filed this appeal in a timely manner on May 9, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Agency action limiting the scope of 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 hearing.

On April 23, 2024, the appellant completed an application for MassHealth benefits. She was approved for MassHealth CarePlus benefits, as she is a single person who is not the caretaker of a minor child and otherwise meets the income and citizenship requirements. The MassHealth representative reported that the appellant is not currently disabled through the state or the Social Security Administration. The appellant additionally testified that she is not pregnant, does not currently have breast or cervical cancer, and is not HIV positive. She reported that she previously had MassHealth Standard benefits for many years and is asking to be placed back on that coverage.

The Medicaid Management Information Systems (MMIS) screen in the record shows that the appellant received MassHealth Standard through the Social Security Administration (SSA) as part of her Supplemental Security Income (SSI) from [REDACTED] (Exhibit 4). The appellant's case was transferred from SSA to MassHealth and she remained opened on Standard from July 29, 2019 through December 14, 2023, while MassHealth determined if she remained eligible for MassHealth Standard under MassHealth criteria. (Exhibit 4). MMIS indicates that the appellant is not considered disabled at this time. (Exhibit 4).

## Findings of Fact

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

1. The appellant received MassHealth Standard through the SSA as part of her SSI benefit from August 1, 2014 to August 13, 2019. (Exhibit 4).
2. The appellant's case was transferred from SSA to MassHealth and she remained opened on Standard from July 29, 2019 through December 14, 2023, while MassHealth determined if she remained eligible for MassHealth Standard under MassHealth criteria. (Exhibit 4).
3. MMIS indicates that the appellant is not considered disabled at this time.
4. The appellant is a single adult under the age of [REDACTED] and a current MassHealth member. Testimony, Exhibit 4.
5. On April 23, 2024, the appellant completed an application for MassHealth benefits, and MassHealth approved her for MassHealth CarePlus. Exhibit 1.
6. The appellant filed a request for fair hearing in a timely manner on May 9, 2024. Exhibit 2.
7. The appellant has no minor children, is not pregnant, does not have a current breast or cervical cancer diagnosis, and is not HIV positive. Further, there is no evidence that she currently has a disability. Testimony.

8. The appellant otherwise meets the income and citizenship requirements for CarePlus benefits. Exhibit 1, 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] 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 is over the age of [REDACTED] is not a caretaker of a child, is not disabled, and has none of the health conditions enumerated at 130 CMR

505.001(A)(1).<sup>1</sup> Therefore, the appellant has not shown that she is categorically eligible for MassHealth Standard benefits. Given that she otherwise meets the categorical, financial and citizenship requirements for MassHealth CarePlus pursuant to 130 CMR 505.008, I find no error with MassHealth's issuing of the April 23, 2024, notice.

Medically Frail. If an individual is determined medically frail or is an individual with special medical needs and has been determined to meet the eligibility criteria for MassHealth CarePlus as described in 130 CMR 505.008, the individual may elect at any time to receive MassHealth Standard benefits, as described in 130 CMR 505.002(J). If at any time after enrolling in MassHealth CarePlus an individual becomes medically frail or is determined to be medically frail, the individual may elect to receive MassHealth Standard benefits. The effective date of MassHealth Standard is the date of the reported change. 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)).

For the foregoing reasons, the appeal is hereby DENIED.

## **Order for MassHealth**

None.

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<sup>1</sup> If the appellant believes herself to be currently disabled, she may submit a disability supplement to determine her eligibility for MassHealth Standard. See 130 CMR 505.004(H). She may also report herself as medically frail if she has any of the conditions enumerated at 130 CMR 505.008(F)(1)-(5).

## 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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Mariah Burns  
Hearing Officer  
Board of Hearings

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