

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed; Remanded	Appeal Number:	2408757
Decision Date:	9/24/2024	Hearing Date:	07/01/2024
Hearing Officer:	Casey Groff	Record Closed:	08/13/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Pamela Filipe, Taunton 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

Appeal Decision:	Dismissed; Remanded	Issue:	Eligibility; Verifications
Decision Date:	9/24/2024	Hearing Date:	07/01/2024
MassHealth's Rep.:	Pamela Filipe	Appellant's Rep.:	Pro se
Hearing Location:	Board of Hearings, Remote	Aid Pending:	Yes

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder. Through a notice dated 5/21/2024, MassHealth informed Appellant that it was ending her MassHealth Standard with Buy-In benefit on 6/4/2024 because she did not provide MassHealth with requested information needed to determine eligibility within the required time frame. See Exh. 1. On 6/3/2024, Appellant filed a timely appeal of the notice with the Board of Hearings (BOH). See Exh. 2; 130 CMR 610.015(B). Denial of assistance is valid grounds for appeal. See 130 CMR 610.032. A hearing was conducted on 7/1/2024. See Exh. 3. The record remained open until 8/14/24 for Appellant to submit additional evidence. See Exh. 6.

At the hearing, a MassHealth eligibility representative testified that Appellant is under the age of 65 and in a household size of one. She was deemed disabled by the Social Security Administration (SSA) with a disability onset date of [REDACTED]. Based on her disability, she receives Medicare. Appellant initially received Medicaid through her SSI benefit, which was managed through a different agency. Since approximately [REDACTED] however, Appellant's case was transferred to MassHealth's MA-21 system, where her benefit is currently managed. According to the Medicaid Management Information System (MMIS) Appellant has received her current benefit under aid category "TQ," *Disabled Adult Child with Medicare*. See Exh. 4.

Earlier this year, as part of the renewal process, MassHealth sent Appellant a request for information with a due date of 5/15/24. Because MassHealth did not receive the requested verifications by the deadline, it issued the 5/21/24 termination notice, now under appeal. See Exh. 1. Because Appellant appealed the notice, her anticipated coverage end date of 6/4/24 was stayed through a protection placed by BOH, which is to remain in effect until this appeal concludes. MassHealth indicated that prior to this hearing, the outstanding verifications were received, rendering the issue of verifications moot.

The MassHealth representative indicated, however, that once the appeal is closed and the protection is removed, Appellant will no longer be eligible for her benefit because her income exceeded the program limit of 100% of the federal poverty level (FPL), which, for 2024, is \$1,255 per-month. Specifically, Appellant receives a current gross monthly social security income of \$1,424. Since this amount exceeded the limit, the MassHealth representative then reviewed alternative options through which Appellant could remain eligible for continued MassHealth benefits, including potential eligibility for CommonHealth if she were to submit a working disabled letter. MassHealth explained that the financial eligibility rules typically applied to individuals under 65¹ were not applicable here because Appellant receives Medicare. To ensure Appellant did not have a gap in coverage, the record was left open for Appellant to submit a working disabled letter. See Exh. 6, p. 3. At the conclusion of the record open period, MassHealth indicated it had not received any additional information from Appellant. Id. at 2.

Notwithstanding the above discussion, the scope of this appeal is limited to the issue concerning MassHealth's 5/21/24 termination notice for failure to verify. As this issue has been resolved through MassHealth's receipt of outstanding verifications, the appeal is DISMISSED pursuant to 130 CMR §§ 610.035, 610.051(B).

The matter is REMANDED to MassHealth to proceed to "determine eligibility for the most comprehensive coverage type for which [Appellant] is eligible." see 130 CMR 519.001(C). Such a determination should include review of whether Appellant remains eligible as a *Disabled Adult Child* under 130 CMR 519.004, and if not, whether she is eligible under the coverage types described in 130 CMR 505.001.

Order for MassHealth

Rescind termination notice dated 5/21/24. Proceed to determine Appellant's eligibility for all MassHealth and related programs, including coverage-types and aid categories described above. Notify Appellant of the eligibility determination, with appeal rights.

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

¹ Disabled individuals under the age of 65 are eligible for MassHealth Standard if they have income that does not exceed 133% of the FPL, which for a household of one in 2024, is \$1,670. As Appellant is under the age of 65 and disabled with income under 133% of the FPL, MassHealth should ensure that if she no longer qualifies for her current benefit, her eligibility for all other applicable aid categories, including those described in 130 CMR 505.00 should be reviewed.

receipt of this decision.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21
Spring St., Ste. 4, Taunton, MA 02780