

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2410029
Decision Date:	09/24/2024	Hearing Date:	8/9/2024
Hearing Officer:	Cynthia Kopka	Record Open to:	8/16/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Gloryanne DeJesus, Springfield



*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:	Approved	Issue:	Community eligibility, under 65, residency
Decision Date:	09/24/2024	Hearing Date:	8/9/2024
MassHealth's Rep.:	Gloryanne DeJesus	Appellant's Rep.:	Pro se
Hearing Location:	Springfield (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

By notice dated June 11, 2024, MassHealth terminated Appellant's benefit effective June 25, 2024 for failure to provide requested proof. Exhibit 1. Appellant filed this appeal in a timely manner on June 26, 2024. Exhibit 2. 130 CMR 610.015(B). Termination of assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open through August 16, 2024 for the submission of additional evidence. Exhibit 4.

Action Taken by MassHealth

MassHealth terminated Appellant's benefit effective June 25, 2024 for failure to provide requested proof.

Issue

The appeal issue is whether Appellant is eligible for continuation of benefits.

Summary of Evidence

MassHealth was represented at hearing by phone by an eligibility representative. Appellant appeared by phone. A summary of testimony and documentary evidence follows.

On June 11, 2024, MassHealth notified Appellant that her benefit would terminate on June 25, 2024 for failure to provide requested proof in the time allowed. Exhibit 1. The MassHealth representative testified that the missing information needed was an affidavit of residency. MassHealth received a note from Appellant stating her address, but because this note was not signed and dated, MassHealth could not accept the letter as proof.

Appellant testified that she could submit the letter in the next few days. Appellant reported that she is pregnant but has not been able to go to the doctor because her benefits lapsed. Appellant estimated that her due date is in [REDACTED]. The MassHealth representative testified that with the \$650 weekly income Appellant reported, she will be eligible for MassHealth Standard as being below 200% of the federal poverty level (FPL).

The hearing record was held open through August 13, 2024 for Appellant to submit her signed, dated affidavit of residency. Exhibit 4. Appellant submitted the required proof on August 9, 2024. Exhibit 5. MassHealth reported that Appellant's benefits were activated effective August 7, 2024. Exhibit 6.

Findings of Fact

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

1. Appellant is under 65 and pregnant.
2. Appellant's income is \$650 weekly.
3. In 2024, 100% of the FPL for a household of two was \$1,704 monthly and 200% is \$3,407 monthly.
4. On June 11, 2024, MassHealth notified Appellant that her benefit would terminate on June 25, 2024 for failure to provide requested proof in the time allowed. Exhibit 1.
5. Appellant filed a timely appeal on June 26, 2024. Exhibit 2.
6. On August 9, 2024, Appellant submitted an affidavit of residency. Exhibit 5.
7. On September 4, 2024, MassHealth reported that Appellant's benefits were activated effective August 7, 2024. Exhibit 6.

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 to qualify for a 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 21 through 64 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).

MassHealth Standard coverage is available to pregnant individuals whose monthly income is less than 200% of the FPL. 130 CMR 505.002(D)(1)(a). In determining household size, MassHealth counts the unborn child. 130 CMR 505.002(D)(2). MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c). Under 130 CMR 502.006(A)(2)(a)(1), individuals who are pregnant or under the age of 19 may be eligible for retroactive coverage on the first day of the calendar month three months prior to the

application date.

Here, MassHealth determined Appellant is eligible for MassHealth Standard effective August 7, 2024. The undisputed evidence shows that Appellant's monthly income is \$2,816.45 (\$650 x 4.333). This is less than 200% of the FPL for a household of two (Appellant and her unborn child). As Appellant is pregnant, her eligibility may be retroactive back three months, which will fill Appellant's gap in coverage. This appeal is approved to allow coverage to begin effective June 26, 2024.

Order for MassHealth

Adjust Appellant's start date for MassHealth Standard to June 26, 2024.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

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