

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411033
Decision Date:	11/01/2024	Hearing Date:	08/22/2024
Hearing Officer:	Casey Groff, Esq.	Record Open	10/15/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherrienne Paiva, Taunton MassHealth
Enrollment Center



*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:	Eligibility; Income; Disability
Decision Date:	11/01/2024	Hearing Date:	08/22/2024
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, Remote	Aid Pending:	Yes

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 7/9/24, MassHealth informed Appellant that her CommonHealth benefit would end on 7/23/24 because she did not meet eligibility criteria. See Exh. 1. Appellant filed this appeal in a timely manner on 7/10/24. See Exh. 2 and 130 CMR 610.015(B). Denial and/or termination of assistance is valid grounds for appeal. See 130 CMR 610.032. A hearing was conducted on 8/22/24. See Exh. 4. At the conclusion of the hearing, the record was left open until 10/15/24 for consideration of additional evidence. See Exhs. 5-6.

Action Taken by MassHealth

MassHealth sought to end Appellant's CommonHealth benefit based on its determination that she no longer met the eligibility criteria to qualify for MassHealth benefits.

Issue

The appeal issue is whether MassHealth correctly sought to end Appellant's coverage on the basis that she no longer met the eligibility criteria to qualify for benefits.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing and provided the following testimony: Appellant is under the age of 65, lives in a household size of one (1), and is a tax filer. Appellant was previously deemed disabled by the Social Security Administration (SSA), and, through her SSA disability benefit, received MassHealth benefits. According to MassHealth's records, Appellant's SSA disability status has since ended. Because SSA was no longer managing her benefit, Appellant's case was subsequently transferred to MassHealth's case management system for a new eligibility determination. As a result, MassHealth notified Appellant that she needed to complete a renewal application so that it could determine if she remained eligible for benefits. On 6/20/24, MassHealth informed Appellant that it had not received the requested renewal by the deadline, and, on this basis, it intended to close her existing CommonHealth benefit on 7/4/24. On 6/21/24, Appellant called MassHealth and provided updated renewal information, which allowed her CommonHealth coverage to resume. During the 6/21/24 call, Appellant self-attested to having a disability. Case notes show that, on 6/25/24, MassHealth sent Appellant an adult disability supplement for her to complete to obtain a disability determination through MassHealth Disability Evaluation Services (DES). On 7/9/24, Appellant's case was again updated with a manual verification of address prompting MassHealth to render an eligibility determination based on the information on file at that time. This information included an apparent Social Security income of \$1,789/month and earned income from her employer of \$2,400 every 2 weeks, for a gross monthly income of \$6,990.80. Her total gross income placed her at 551.96% of the federal poverty level (FPL). Without a verified disability, she would only remain eligible for MassHealth benefits with income at or less than 133% of the FPL, which is \$1,670 per month for a household size of one. Accordingly, through a letter dated 7/9/24, MassHealth informed Appellant that she did not qualify for MassHealth benefits because her income was "too high" and that her CommonHealth coverage would end on 7/23/24. See Exh. 1. Because Appellant appealed this notice, a protection was placed on her case, which prevents the termination from taking effect for the duration of this appeal. The MassHealth representative testified that if Appellant seeks a disability determination through MassHealth's Disability Evaluation Services (DES) unit, and is deemed disabled, she would be eligible to re-enroll in CommonHealth subject to a monthly premium.

Appellant testified at hearing and confirmed that the employment income, as stated by MassHealth, was correct; however, she has not received her Social Security benefit since 2019 when she started working full time. She still works full time and has a primary Blue Cross and Blue Shield (BCBS) health plan through her employer. Without her CommonHealth benefit, she will be unable to pay for her medications and medical expenses. Although she can work and is no longer receiving her Social Security disability benefit, her condition has not changed and is one that cannot be cured. Appellant testified that she has a lifelong disability, and her working status does not change this. In addition, Appellant disputed MassHealth's income standards, which she argued do not appear to account for inflation and the increase in cost of living, which

is especially high in this state. After rent, there is little income left for utilities and food.

Based on Appellant's testimony, the MassHealth representative removed the Social Security income from Appellant's case, which brought her monthly gross income down to \$5,200.80, placing her at 409.41% of the FPL. The MassHealth representative testified that despite the adjustment, Appellant still exceeded the income limit to qualify for benefits with no verified disability on file.

At the conclusion of the hearing, the record was left open for Appellant to complete and submit the adult disability supplement to MassHealth DES, and to allow time for MassHealth to review and respond. See Exh. 5. At the time the record closed on 10/15/24, neither the MassHealth eligibility unit, nor DES, had received any information from Appellant related to this appeal. See Exh. 6.

Findings of Fact

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

1. Appellant is under the age of 65, lives in a household size of one (1), and is a tax filer.
2. Appellant was previously deemed disabled by SSA; and, through her SSA disability benefit, received MassHealth benefits.
3. Appellant's SSA disability status ended after she began working full-time in 2019.
4. Appellant's CommonHealth benefit remained active after her SSA disability status ended; however, because SSA was no longer managing her benefit, her case was transferred to a different MassHealth system for a re-determination of whether Appellant remained eligible for benefits.
5. On 6/21/24, during the renewal process, Appellant self-attested to having a disability; prompting MassHealth to mail her an adult disability supplement to complete and send to MassHealth DES to seek a disability determination.
6. Through a letter dated 7/9/24, MassHealth notified Appellant that she did not qualify for MassHealth benefits because her income was "too high" and that her CommonHealth coverage would end on 7/23/24.
7. At the time of the 7/9/24 eligibility determination, Appellant's case did not reflect a verified disability; and the income on file reflected a gross monthly income of \$6,990.80 comprised of Social Security income and earned income.

8. At the hearing, MassHealth removed the outdated Social Security income from her case, counting only Appellant's earned income of \$2,400 every 2 weeks, which brought her monthly income down to \$5,200.80, placing her at 409.41% of the FPL.
9. At the conclusion of the hearing, the record was left open for Appellant to complete and submit the adult disability supplement to DES.
10. At the time the record closed on 10/15/24, neither MassHealth nor DES had received the completed DES supplement from Appellant.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant did not meet eligibility criteria for benefits, and, on this basis, sought to end her CommonHealth coverage. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (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
- (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.

See 130 CMR 505.001(A)

The individual must satisfy both categorical *and* financial criteria to qualify for a particular coverage-type. To be *categorically* eligible for CommonHealth, the individual must “be permanently and totally disabled,” as defined under Title XVI of the Social Security Act or under applicable state laws. See 130 CMR 505.004(C); see also 130 CMR 501.001. For purposes of determining eligibility, MassHealth requires that the disability determination has been made as follows:

(H) Determination of Disability. Disability is established by

- (1) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
- (2) a determination of disability by the SSA; or
- (3) a determination of disability by the Disability Evaluation Services (DES).

See 130 CMR 505.004(H).

At the time MassHealth made its 7/9/24 eligibility determination, Appellant did not have a verified disability to be categorically eligible for CommonHealth. MassHealth testified that Appellant’s prior disability designation from SSA was no longer reflected in her case. In corroboration with this testimony, Appellant conceded that she stopped receiving disability benefits through SSA after she began working full time in 2019. Appellant argued that, despite her ability to work, she remains disabled. Based on her testimony, the record was left open to give Appellant time to submit a completed adult disability supplement to MassHealth DES so that, if deemed disabled, MassHealth could render a new eligibility determination accordingly. Despite the additional time, neither the MassHealth representative nor the DES unit received any related documentation from Appellant.

Without a verified disability (or other special circumstance to qualify for Standard), the only coverage type that Appellant would categorically be eligible for is MassHealth CarePlus.¹ To be *financially* eligible for CarePlus, the applicant or member must have a household income no greater than 133% of the federal poverty level (FPL). See 130 CMR 505.008. For the current year, that limit equates to monthly income of \$1,670 for a household size of one (1). See 2024 MassHealth Income Standards & Federal Poverty Guidelines. At hearing, MassHealth removed the outdated Social Security income on file, and calculated eligibility based solely on her earned income of approximately \$2,400 bi-weekly, which amounts to an average monthly income of \$5,200.80. This places Appellant at 409% of the FPL. As this amount exceeds the limit to qualify for CarePlus, MassHealth did not err in determining Appellant no longer qualified for

¹ Even if Appellant had provided evidence of a special circumstance to be categorically eligible for Standard, she would not have been eligible based on the financial limit, which, like CarePlus, is 133% of the FPL. In addition, there is no evidence that Appellant would be categorically eligible for coverage types (4) through (7).

benefits.²

On this basis, 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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

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

² Appellant may still, at any time, establish eligibility for CommonHealth; either through proof that her disability status through SSA remains active, or through an adult disability determination through DES.