

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2176289
Decision Date:	10/01/2021	Hearing Date:	September 21, 2021
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representative:

Jessica Cormican



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 506.000
Decision Date:	10/01/2021	Hearing Date:	September 21, 2021
MassHealth Rep.:	J. Cormican	Appellant Rep.:	Pro se
Hearing Location:	Chelsea		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received a notice dated July 21, 2021 stating: You do not qualify for MassHealth benefits. (Exhibit 1).

The appellant appealed the MassHealth action timely on August 16, 2021. (Exhibit 2).

Denial of eligibility is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant MassHealth coverage.

Issue

Did MassHealth correctly determine the appellant's MassHealth eligibility?

Summary of Evidence

MassHealth testified at the time of the MassHealth notice the appellant was receiving

unemployment benefits in the amount of \$583.00 per week (\$2,526.00 per month) or 169.2% of the federal poverty level which is over the income standard (133% or \$1,931.00) for MassHealth eligibility. The appellant is eligible for Health Safety Net coverage.

The appellant argued that his unemployment income has ended.

MassHealth responded that the appellant's fiancé is listed as the head of the household and since the case is up for review, the head of household needs to complete an update form or contact MassHealth to update the household's income status.

Findings of Fact

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

1. At the time of the MassHealth action the appellant was under 65 and a member of a household of one with verified gross monthly income of \$2,526.00.
2. 133% of the federal poverty level for a household of one is \$1,931.00.

Analysis and Conclusions of Law

MassHealth is responsible for the administration and deliver of health-care services to eligible low- and moderate-income individuals, couples, and families under MassHealth (130 CMR 501.002(A)). MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits for an individual or family who may be eligible (130 CMR 501.003(A)). MassHealth formulates requirements and determines eligibility for all MassHealth coverage types (130 CMR 501.004(A)).

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000 (130 CMR 505.001). The financial eligibility for various MassHealth coverage types is determined by comparing the family group's monthly gross income with the applicable income standards for the specific coverage (130 CMR 506.007(A)). Generally, eligibility is based on 133% of the federal-poverty level for adults and 200% for children and pregnant women as well as for adults working for qualified employers and persons who are HIV positive. Disabled persons with income in excess of these applicable standards may establish eligibility for MassHealth CommonHealth (130 CMR 506.007(B)).

The appellant is a member of a family unit of one with gross monthly income of \$2,526.00. The appellant's income exceeds 133% of the federal poverty level for a household of one and therefore the appellant is financially ineligible for MassHealth assistance. MassHealth correctly determined the appellant's MassHealth eligibility at the time of the above notice and this appeal is therefore denied.

The appellant has indicated he no longer is receiving unemployment. Any change in income must be reported to MassHealth to maintain eligibility. The appellant's MassHealth eligibility will be redetermined once the head of household updates the appellant's current income to MassHealth.

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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: Chelsea MEC