

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2203772

Decision Date: 6/28/2022

Hearing Date: 06/13/2022

Hearing Officer: Thomas Doyle

Record Open to:

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherianne Paiva

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

Appeal Decision:	Denied	Issue:	Eligibility-income
Decision Date:	6/28/2022	Hearing Date:	06/13/2022
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Room 3	Aid Pending:	

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 25, 2022, MassHealth determined that appellant is ineligible for MassHealth benefits. (Exhibit 1). The appellant filed this appeal in a timely manner on May 4, 2022. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant ineligible for MassHealth benefits because appellant's income is over the MassHealth limits.

Issue

The appeal issue is whether MassHealth was correct in denying appellant MassHealth benefits.

Summary of Evidence

On April 25, 2022, MassHealth issued a notice which stated that appellant does not qualify for MassHealth benefits. (Ex. 1). Appellant appealed that notice and hearing was held on June 13,

2022. (Ex. 3). The MassHealth representative appeared by telephone and testified that appellant is a tax filer of one. The appellant is employed by [REDACTED] and receives \$2816.45 gross monthly income. (MassHealth testimony; Ex. 4). The representative explained that the income limit for a household size of one is 150% of the federal poverty level or \$1699 a month. The appellant is, therefore, not eligible for MassHealth benefits. The appellant appeared at hearing by telephone. He provided four paystubs. (Ex. 4). At hearing, appellant did not dispute the amount of his income as determined by MassHealth. After the testimony of the MassHealth representative, appellant agreed his income exceeded the threshold to obtain MassHealth benefits. (Appellant testimony).

Findings of Fact

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

1. Appellant is a young adult and a U.S. citizen.
2. Appellant is employed.
3. The income limit for MassHealth Standard is 150% of the federal poverty level or \$1,699.00 a month.
4. Appellant has a gross monthly income of \$2816.45.
5. On April 25, 2022, MassHealth determined that appellant is not eligible for MassHealth benefits.
6. Appellant timely appealed that notice on May 4, 2022.
7. Appellant agreed he made too much money to qualify for MassHealth.

Analysis and Conclusions of Law

Appellant is classified as a young adult because he is an individual 19 or 20 years old. 130 CMR 501.001. To be eligible for MassHealth Standard, appellant must meet the eligibility criteria. The pertinent part of the regulations applicable here are:

505.002: MassHealth Standard:

(B) Eligibility Requirements for Children and Young Adults. Children and young adults may establish eligibility for Standard coverage subject to the requirements described in 130 CMR 505.002(B).

(3) Young Adults. (a) A young adult is eligible if 1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level (FPL); and 2. the young adult is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the

categorical and financial requirements. Appellant meets categorical eligibility for MassHealth Standard because he is 19 or 20 years old and a citizen. However, MassHealth Standard requires that appellant's modified adjusted gross income of the MassHealth Young Adult household is less than or equal to 150% of the federal poverty level. (130 CMR 505.002(B)(3)(a)(1) & (2)). As the MassHealth representative explained, 150% of the federal poverty level is equal to \$1699.00 per month. Appellant's gross income of \$2,816.45 a month is uncontested and is greater than that, therefore, he does not qualify for MassHealth Standard. The MassHealth representative did testify appellant is eligible for a subsidy for Connector Care Plan 3B.

Based on the above analysis, MassHealth is correct appellant is not eligible for MassHealth Standard because of his income.

For the reasons above 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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center,
21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616