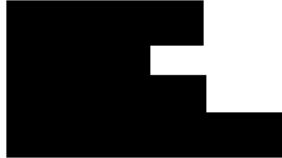


**MassHealth
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2205737/2205739
Decision Date:	9/15/2022	Hearing Date:	August 31, 2022
Hearing Officer:	Brook Padgett		

Appellant Representative:



MassHealth Representative:

Liz Nickoson, Taunton MEC



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

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 505.002
Decision Date:	9/15/2022	Hearing Date:	August 31, 2022
MassHealth Rep.:	L. Nickoson	Appellant Rep.:	Pro se
Hearing Location:	Taunton		

Authority

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

Jurisdiction

Each appellant received a notice dated July 12, 2022 stating: you do not qualify for MassHealth benefits. (Exhibit 1).¹

The appellants filed their appeals timely on August 01, 2022. (130 CMR 610.015(B); Exhibit 2).

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

Action Taken by MassHealth

MassHealth determined the appellant is over income to be eligible for MassHealth.

Issue

Did MassHealth correctly determine the appellant's eligibility?

¹ The appellant and his wife each received the same notice, so the hearing and the decision have been combined.

Summary of Evidence

A representative from MassHealth testified the appellant's applied for MassHealth as a family unit of three and household income of \$2,902.0 per month or 142.1% of the federal poverty level. The representative explained to qualify for MassHealth as a family unit of three the household's monthly gross family income must be less than \$2,553.00 or 133% of the federal poverty level. Since the family is over the income standard, they are ineligible for MassHealth and approved for ConnectorCare coverage.

The appellant testified they need health insurance and when they contacted the Connector, they were told they do not qualify.

MassHealth responded that they determined ConnectorCare eligibility and they are approved for ConnectorCare and should contact a Connector representative again.

Findings of Fact

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

1. The household consists of the appellant, his wife and one child. (Testimony).
2. The household's gross monthly earnings are \$2,902.00 (Testimony).
3. 133% of the federal-poverty level for a family group size of 3 is \$2,553.00.
4. The family's income is 142.1% of the federal poverty level.

Analysis and Conclusions of Law

MassHealth is responsible for the administration and delivery 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)).

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) Standard -- for families (with minor children), pregnant women, children and disabled individuals, including extended benefits, and women with breast or cervical cancer;
- (2) Prenatal -- for pregnant women;

- (3) CommonHealth -- for disabled adults, disabled children, and certain individuals who are HIV positive, and not eligible for MassHealth Standard;
- (4) Family Assistance -- for children, certain employed adults, and certain individuals who are HIV positive, and are not eligible for MassHealth Standard or CommonHealth;
- (5) Basic or Buy-In -- for the long-term unemployed who have income at or below 100% of the federal poverty level, and who are receiving services or are on a waiting list to receive services from the Department of Mental Health (DMH), as identified by the DMH to the MassHealth, or for individuals or members of a couple who receive EAEDC cash assistance;
- (6) Essential -- for the long-term unemployed who have income at or below 100% of the federal poverty level and are not eligible for MassHealth Basic; and
- (7) Limited -- coverage for non-qualified aliens and certain qualified aliens.

As a family group of three with a child under 19 living in the home, the appellants meet the categorical requirements for MassHealth (130 CMR 505.001); however, to qualify for benefits you must also meet the financial standards (130 CMR 505.001).

The rules governing financial eligibility for MassHealth can be found at 130 CMR 506.000. These rules are based on the size of the family group and countable income (130 CMR 506.001(A)). In determining eligibility for MassHealth, the gross income of all family group members is counted and compared to an income standard based on the family group size (130 CMR 506.002).

The household gross income of \$2,902.00 is greater than 133% of the federal poverty level, which is \$2,553.00 for a household of three therefore, the appellant is not eligible for MassHealth Standard as they are over the income standard (130 CMR 505.002).

The financial eligibility for various Commonwealth Care Plan Types is determined by comparing the individual or family group's monthly gross income with the applicable income standard for the specific coverage type. Eligible individuals must have income that does not exceed 300% of the federal poverty level (956 CMR 3.04). The appellant's household monthly gross income is below 300% of the federal poverty level. The appellant is therefore financially eligible for Commonwealth Care (956 CMR 3.04).

MassHealth correctly determined the appellant's eligibility for MassHealth and Commonwealth Care benefits, and this appeal must be 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: Taunton MEC