

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2304335
<b>Decision Date:</b>	7/10/2023	<b>Hearing Date:</b>	06/26/2023
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sheri Paiva, Taunton



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	7/10/2023	<b>Hearing Date:</b>	06/26/2023
<b>MassHealth's Rep.:</b>	Sheri Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center - Telephonic		

### 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 4/28/23, MassHealth terminated the appellant's MassHealth Standard benefits because MassHealth determined that she is over income. (130 CMR 506.007 and Exhibit 1). The appellant filed this appeal in a timely manner on 5/25/23. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth terminated the member's MassHealth Standard benefits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007, in terminating the appellant because she was over income for MassHealth Standard.

### Summary of Evidence

The appellant appealed a notice dated 4/28/23, stating that MassHealth terminated her MassHealth Standard because her income is too high. The MassHealth representative testified that the appellant is eligible for a Health Connector Plan with a subsidy. The MassHealth representative testified that the appellant has a household of 3 with a monthly household income of \$5,605.59. The MassHealth representative testified that the maximum monthly income for a family of 3 to qualify for MassHealth is \$2,756, therefore she does not qualify for MassHealth Standard. The appellant's tax household consists of her, her spouse, and a child over the age of 18.

The appellant testified that she checked the Health Connector plans and the cheapest plan had a \$6,000 deductible which was not affordable. The appellant testified that their rent is over \$3,000 a month and they can barely pay their monthly bills. The appellant testified that her daughter is in college. The appellant submitted copies of utility bills, rent bills, and an eviction notice.

## **Findings of Fact**

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

1. The appellant appealed a notice dated 4/28/23, stating that MassHealth terminated her MassHealth Standard because her income is too high.
2. The appellant is eligible for a Health Connector Plan with a subsidy.
3. The appellant has a household of 3 with a monthly household income of \$5,605.59.
4. The maximum monthly income for a family of 3 to qualify for MassHealth is \$2,756, therefore she does not qualify for MassHealth Standard.
5. The appellant's tax household consists of her, her spouse, and a child over the age of 18.

## **Analysis and Conclusions of Law**

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. 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; must have income under 133% of the federal poverty limit;
- (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) Household Assistance - for children, certain employed adults who have access to health insurance from their employers and have income under 200% of the federal poverty limit, 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 or chronically unemployed, and certain qualified aliens; and
  - (6) Essential - for long term unemployed who have income at or below 100% of the federal poverty limit and are not eligible for Basic; and
  - (7) Limited - coverage for non-qualified aliens and certain qualified aliens.

To be categorically eligible for MassHealth coverage, an individual must be either under the age of 19, pregnant, a parent living with children under the age of 19, long-term unemployed, have HIV, or have been determined disabled by either the Social Security Administration or the MassHealth Disability Determination Unit.

The appellant is between 19 and 64 years of age, is not pregnant, is not a parent living with a child under the age of 19, does not have HIV, and has not met the MassHealth disability rules. Accordingly, the appellant is not categorically eligible for any MassHealth coverage type.

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 household group's monthly gross income with the applicable income standards for the specific coverage.<sup>1</sup> (130 CMR 506.003, 130 CMR 506.007(A)). Generally, eligibility is based on 133% of the federal poverty level for adults. (130 CMR 505.002).

The appellant's income is too high for MassHealth Standard eligibility, but she is eligible for Commonwealth Care. This appeal is denied.

## Order for MassHealth

None.

---

<sup>1</sup> 130 CMR 506.003: Countable Income. Eligibility is based on the family group's gross countable earned and unearned income as defined in 130 CMR 506.003, except as described in 130 CMR 506.003(C) below. (B) Gross Unearned Income. (1) Gross unearned income is the total amount of income that does not directly result from the individual's own labor before any income deductions are made. (2) Unearned income includes, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, federal veterans' benefits, and interest and dividend income.

## 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.

---

Christine Therrien  
Hearing Officer  
Board of Hearings

cc:

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