

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304468
Decision Date:	07/25/2023	Hearing Date:	07/05/2023
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Fabienne Jeanniton, Tewksbury



*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
Decision Date:	07/25/2023	Hearing Date:	07/05/2023
MassHealth's Rep.:	Fabienne Jeanniton	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center Telephonic	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 6/1/23, MassHealth determined the appellant's income exceeds the program limit for MassHealth Standard benefits and the appellant was determined eligible for MassHealth CommonHealth. (130 CMR 506.007 and Exhibit 1). The appellant filed this appeal in a timely manner on 6/1/23. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant's income exceeds the program limit for MassHealth Standard and determined the appellant was eligible for MassHealth CommonHealth.

Issue

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

Summary of Evidence

The MassHealth representative testified that the appellant's income from SSDI is \$1,867 a month which is more than the income limit for MassHealth Standard. The MassHealth representative testified that the appellant is eligible for MassHealth CommonHealth because he is disabled. The MassHealth representative testified that the appellant's MassHealth CommonHealth does not have a premium.

The appellant testified that he pays child support and that should be factored into his income. The appellant testified that he needs MassHealth Standard because MassHealth CommonHealth is not accepted by all of his doctors.

The MassHealth representative testified the appellant has been enrolled in MassHealth Standard and will remain enrolled in MassHealth Standard until after the appeal hearing. The MassHealth representative testified that MassHealth Standard and MassHealth CommonHealth provide similar benefits. The MassHealth representative testified that the appellant must pick a managed care plan and the appellant changed plans several times in 2023.

Findings of Fact

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

1. The appellant's income from SSDI is \$1,867 a month which is more than the income limit for MassHealth Standard.
2. The appellant is eligible for MassHealth CommonHealth because he is disabled.
3. The appellant's MassHealth CommonHealth does not have a premium.

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 (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; must have income under 133% of 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.

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. (130 CMR 506.007(A)). Generally, eligibility is based on income at or below 133% of the federal poverty level for adults. (130 CMR 505.002(C)(2)). Disabled persons with income in excess of these applicable standards may establish eligibility for MassHealth CommonHealth. (130 CMR 506.007(B)).

Although the appellant's income at has increased above the 133% limit, and he is ineligible for MassHealth Standard, he has been determined to be eligible for MassHealth CommonHealth. This 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.

Christine Therrien
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957.