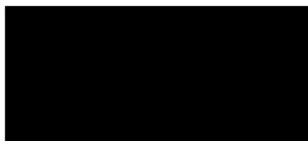


# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2309439
<b>Decision Date:</b>	12/28/2023	<b>Hearing Date:</b>	11/09/2023
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Dermar Coleman (Quincy MEC) *via telephone*



*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>	Under 65 – Eligibility – HSN Approval
<b>Decision Date:</b>	12/28/2023	<b>Hearing Date:</b>	11/09/2023
<b>MassHealth’s Rep.:</b>	Dermar Coleman	<b>Appellant’s Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South		

### 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 September 12, 2023, MassHealth informed the appellant that starting on September 2, 2023 the appellant was eligible for Health Safety Net (HSN) but he was over the income limit for MassHealth coverage. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on October 5, 2023. (See 130 CMR 610.015(B), Ex. 2). Any MassHealth denial of an application or request for assistance is valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved the appellant for HSN but determined the appellant was not eligible for MassHealth coverage.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007(B) and 502.003, in determining that the appellant was not eligible for MassHealth coverage.

## Summary of Evidence

The MassHealth representative stated that the appellant's household consists of the appellant and one of his sisters. (Ex. 1). They are both under the age of 30. (See Ex. 2; Ex. 3). The appellant earns \$1,600 every two weeks.<sup>1</sup> The MassHealth representative stated that the appellant's income is a little too high for him to qualify for MassHealth. The appellant was eligible for HSN Partial based on this income. (See Ex. 3). The appellant would need to pay a deductible of \$962 in order to take advantage of this, however.

The appellant stated that he earns approximately \$45,000 per year on average.<sup>2</sup> The appellant confirmed that MassHealth was correct concerning his household size, but he lived with three other people: one other sister, a brother, and the appellant's mother. The appellant stated that his mother also had MassHealth and was the head of her own household. The appellant's brother is going to school and receives insurance through the school. The appellant was not sure whether his other sister was in their mother's household.

The appellant confirmed that he and his sister were citizens. Neither of them was disabled or had been seriously injured or in the last 12 months. The appellant's sister did not have breast or cervical cancer. The MassHealth representative informed the appellant that perhaps the two household should be combined and proposed that the appellant's other siblings could be added to that one household in order to possibly allow the appellant to receive a better coverage.

## Findings of Fact

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

1. The appellant lives with his mother, two sisters, and one brother. (Testimony of the appellant).
2. The appellant has a household of two consisting of himself and one of his sisters. (Ex. 1; Testimony of the MassHealth representative; Testimony of the appellant).
3. The appellant earns \$1,600 every two weeks. (Testimony of the MassHealth representative).
4. The appellant and his sister are citizens. (Testimony of the appellant).
5. The appellant and his sister have not become disabled or been seriously injured in the last

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<sup>1</sup> Or \$3,200 per month for a household of two, which places the appellant's household at approximately 195% of the Federal Poverty Level (FPL). The notice states that the appellant's income places the household at 216% of the FPL, which is approximately \$2,624 per month.

<sup>2</sup> Or \$3,750, which would approximately 228% of the FPL.

12 months. (Testimony of the appellant).

6. The appellant's sister does not have breast or cervical cancer. (Testimony of the appellant).
7. The appellant's brother goes to school and receives health insurance through the school. (Testimony of the appellant).
8. The appellant's mother receives is the head of household in her own MassHealth household. (Testimony of the appellant).
9. The appellant did not know whether his other sister was receiving health insurance. (Testimony of the appellant).

## Analysis and Conclusions of Law

The record shows that the appellant's household consists of appellant and one of his sisters. The household receives \$1,600 in earned income every two weeks. In order to determine the household's monthly income, MassHealth multiplies weekly income by 4.333. (See 130 CMR 506.007(A)(2)(c)). Based on this, the household's monthly earned income is \$3,466.40. In order to determine eligibility for MassHealth coverage, MassHealth uses monthly federal-poverty-level income standards that are determined according to annual standards published in the *Federal Register*. (130 CMR 506.007(C)). According to these standards, the appellant's income places the household at approximately 211% of the FPL.<sup>3</sup>

The financial eligibility standards for each type of MassHealth coverage type are found in 130 CMR 505.000. (130 CMR 506.007(B)). A review of these regulations shows that the appellant is either over the income limit for MassHealth coverage, does not meet the categorical requirements for MassHealth coverage, or both.

Although there are types of MassHealth coverage where the appellant's income does not exceed the limit, neither member of the appellant's household meets the other eligibility requirement. MassHealth Standard is available to individuals with income at or below 250% of the FPL but only when they have breast or cervical cancer. (130 CMR 505.002(F)). Neither member of the appellant's household has breast or cervical cancer. MassHealth Commonwealth does not have an income limit but is only available to certain disabled people. (130 CMR 505.004). Neither member of the appellant's household is disabled. MassHealth Family Assistance is available to children and certain non-citizens with income up to 300% of FPL. (130 CMR 505.005(A)). Neither member of the household is a child and both members of the household are citizens.

For the above stated reasons, the appeal is DENIED.

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<sup>3</sup> See <https://www.mass.gov/info-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members#2023-masshealth-income-standards-and-federal-poverty-guidelines>

If he wishes to do so, the appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

## **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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc:

Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171