

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2312729
<b>Decision Date:</b>	1/25/2024	<b>Hearing Date:</b>	January 08, 2024
<b>Hearing Officer:</b>	Brook Padgett		

**Appellant Representative:**

Pro se

**MassHealth Representative:**

Yesenia Henriquez, Quincy MEC



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

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	130 CMR 506.000 Over Income
<b>Decision Date:</b>	1/25/2024	<b>Hearing Date:</b>	January 08, 2024
<b>MassHealth Rep.:</b>	Y. Henriquez	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy		

### Authority

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

### Jurisdiction

The appellant received a notice dated December 01, 2023 stating: You do not qualify for MassHealth benefits. (Exhibit 1).

The appellant filed an appeal timely on December 05, 2023. (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 the income standard for MassHealth eligibility.

### Issue

Did MassHealth correctly determine the appellant's eligibility?

## Summary of Evidence

MassHealth testified the appellant applied for MassHealth as a family unit of one with household income of \$2,200.00 per month or 176.07% of the federal poverty level (FPL). The representative explained to the appellant that, in order to qualify for MassHealth, his monthly gross income must be less than \$1,616.00 or 133% of the FPL. Since the appellant is over the income standard, he is ineligible for MassHealth, but he was approved for ConnectorCare Type 2B coverage.

The appellant testified that he lost his spouse in 2022 and was able to take his Social Security benefits; it appears, however, that, because he took his Social Security, he must either be homeless or go without health insurance. The appellant stated that, from the \$2,200.00 in income, he must pay \$1,700.00 for rent, utilities, car insurance, and care for three dogs. The appellant argued that, after paying his bills, there is no money left for food or health insurance. The appellant maintained that he contacted the Health Connector and was given quotes of \$700.00 to \$800.00 a month for coverage. The appellant stated that he has a number of medical issues which require multiple prescriptions including diabetes and a condition that requires monthly injections in his eyes.

MassHealth responded that they will forward to the appellant a disability application to completed and suggested he contact a Connector representative again as the prices for coverage that the appellant is quoting seem very high for his income.

## Findings of Fact

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

1. The appellant applied for MassHealth as a household of one. (Testimony).
2. The appellant's household gross monthly income is \$2,200.00 (Testimony).
3. 133% of the federal-poverty level for a family group size of one is \$1,616.00.
4. The appellant's income is 176.07% 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.

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. 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 appellant's household gross income of \$2,200.00 is greater than 133% of the FPL (\$1,616.00 for a household of one), therefore the appellant is over the income standard and ineligible for MassHealth. (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 FPL (\$3,645.00) and therefore, the appellant is financially eligible for Commonwealth Care benefits. (956 CMR 3.04).

MassHealth correctly determined the appellant's eligibility for MassHealth and Commonwealth Care, and this appeal is DENIED.

**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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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth representative: Quincy MEC