

**MassHealth
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500125
Decision Date:	2/24/2025	Hearing Date:	February 07, 2025
Hearing Officer:	Brook Padgett	Record Open:	February 21, 2025

Appellant Representative:

Pro se

MassHealth Representative:

Millie Behnk, Springfield 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:	Eligibility Under 65 130 CMR 505.002
Decision Date:	2/24/2025	Hearing Date:	February 07, 2025
MassHealth Rep.:	M. Behnk	Appellant Rep.:	Pro se
Hearing Location:	Springfield		

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 04, 2024 stating: You do not qualify for MassHealth benefits. (Exhibit 1).

The appellant filed this appeal timely on December 31, 2024. (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's submitted a phone application on October 03, 2024. On October 21, 2024 the appellant verified her annual income as \$42,000.00 (\$3,500.00 per month). The representative explained to qualify for MassHealth as a family unit of four the household's monthly gross family income must be less than \$3,458.00 or 133% of the federal poverty level. Since the appellant is over the 133% income standard, she is ineligible for MassHealth, however because the household is under 300% of the federal poverty level the household is approved for Connector Care coverage.

The appellant testified she is eligible for MassHealth as her husband is not working and MassHealth is not using her proper household income. The appellant further stated her [REDACTED] child has an eye disability and is not claimed as a tax dependent.

MassHealth responded that only the appellant's income was considered when determining her eligibility.

The record was left open for the appellant to submit her most recent paystub so that MassHealth could recalculate the household's eligibility. (Exhibit 4).

The appellant submitted verification of \$1,834.25 in biweekly gross income during the record open period. (Exhibit 5).

MassHealth responded that the appellant's submitted biweekly pay stubs dated February 07, 2025 which reported gross pay of \$1,834.25 which when multiplied by 2.167 equals a total gross monthly income amount of \$3,974.82 or 179.73% of the federal poverty level for a household of three. MassHealth stated the family size was reduced from a household of four to three after the removal of the 22 year old adult child who the appellant does not claimed as a tax dependent. MassHealth stated the appellant and her husband remain over income standard for a MassHealth and continues to be eligible for a Connector plan and the remaining minor child has MassHealth until October under the continuous eligibility program. (Exhibit 6).

Findings of Fact

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

1. The household consists of the appellant, her husband and one minor child. (Testimony).
2. The household's gross monthly earnings are \$3,974.82. (Exhibit 5).
3. 133% of the federal-poverty level for a family group size of three is \$3,458.00.

4. The appellant's household income is 179.73% of the FPL for a household of three. (Exhibit 6).

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 appellant is living in a family group of three with one child under 19 living in the home. The appellant therefore meet the categorical requirements for MassHealth; 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. 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 \$3,974.82 is greater than 133% of the federal poverty level (\$3,458.00) for a household of three and therefore the appellant is ineligible for MassHealth as the household remains over the income standard.

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 (\$7,800.00 for a household of three). The appellant's household monthly gross income is below 300% of the federal poverty level and therefore the appellant continues to be financially eligible for Commonwealth Care. (956 CMR 3.05).

MassHealth correctly determined the appellant's eligibility for MassHealth and Commonwealth Care benefits, and 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: Springfield MEC