

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2305098
<b>Decision Date:</b>	7/18/2023	<b>Hearing Date:</b>	07/10/2023
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Alexander Gershaw, Charlestown MEC

**Interpreter:**



*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>	7/18/2023	<b>Hearing Date:</b>	07/10/2023
<b>MassHealth's Rep.:</b>	Alexander Gershaw	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<b>Aid Pending:</b>	No

### 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 June 8, 2023, MassHealth denied appellant's application for MassHealth benefits because MassHealth determined that her income was too high. (Ex. 1). The appellant filed this appeal in a timely manner on June 22, 2023. (130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined appellant is not eligible for MassHealth because she had more countable income.

### Issue

The appeal issue is whether MassHealth was correct in determining that appellant was over income to qualify for MassHealth.

### Summary of Evidence

Appellant and the MassHealth worker appeared by telephone and were both sworn. MassHealth testified that a senior application was received from appellant in December 2022. It showed an

income from being employed and money deposited in a bank account. MassHealth sent appellant a request for information in January 2023 due to appellant not answering a question relating to any annuities owned by appellant. Appellant responded that her income had changed since submitting her application and that she was now unemployed. MassHealth stated appellant received \$464 a week in unemployment. The notice appellant received showed her total monthly unearned income at \$1,856, minus a disregard of \$20.00. (Ex. 1, p. 2).<sup>1</sup> MassHealth testified that appellant had assets under the \$2,000.00 threshold. MassHealth testified that appellant was a household of 1 and her income was too high to qualify for MassHealth Standard. Appellant was eligible for Health Safety Net.

Appellant said she had no questions for the MassHealth worker nor any testimony she would like to give.

## Findings of Fact

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

1. MassHealth received a Senior application in December 2022. Appellant is age 65 or over. (Testimony; Ex. 2, p. 1); Ex. 4).
2. MassHealth sent appellant a request for information in January 2023 seeking information regarding any annuities owned by appellant. (Testimony).
3. Appellant answered MassHealth by notifying them her income had changed and she was now unemployed. (Testimony).
4. Appellant is a household of 1 with a monthly income from unemployment, after deductions, of \$1,836.00 a month. (Ex. 1; Testimony). Appellant was notified her income was too high to qualify for MassHealth Standard. (Ex. 1; Testimony).
5. Appellant's monthly income of \$1,836.00 exceeds the 100% Federal Poverty Level for a household of 1, set at \$1,215.00. (Testimony).

## Analysis and Conclusions of Law

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<sup>1</sup> The MassHealth representative at hearing testified that this figure is incorrect because the total monthly income should be multiplied by 4.333, resulting in a monthly income of \$2,010. 130 CMR 520.009 (A)(1). Either figure is over the income guideline.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

519.005: Community Residents 65 Years of Age or Older :

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

(1) the countable income amount, as defined in 130 CMR 520.009: Countable-income Amount, of the individual or couple is less than or equal to 100% of the federal poverty level; and

(2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

Appellant has less than \$2,000.00 in countable assets. However, her total countable monthly income is more than 100% of the federal poverty level. Appellant receives weekly unemployment income of \$464.00. In the notice to appellant, MassHealth found this to be a total monthly income of \$1,856, less \$20.00 unearned income deduction, for a total of \$1,836.00 a month. (Ex. 1, p. 2; 130 CMR 520.013(A)). The monthly 100% Federal Poverty Guideline for a household of 1 is \$1,215.00. MassHealth was correct in determining appellant has more countable income than MassHealth benefits allow. Appellant's 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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129