

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306529
Decision Date:	10/2/2023	Hearing Date:	09/15/2023
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Maria Rodrigues, Charlestown MEC



*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: Over 65; Eligibility; Incomplete Application	
Decision Date:	10/2/2023	Hearing Date:	09/15/2023
MassHealth's Rep.:	Maria Rodrigues	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center - (Remote)	Aid Pending:	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 July 14, 2023, MassHealth terminated the Appellant's MassHealth benefits because MassHealth did not receive an annual eligibility renewal within the allowed time (see 130 CMR 502.007(C)(2) and Exhibit 1). The Appellant filed this appeal in a timely manner on August 3, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for an appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth benefits, effective July 28, 2023, because she did not submit her annual eligibility renewal.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.007(C)(2), in terminating the Appellant's benefits.

Summary of Evidence

The MassHealth representative appeared at the hearing via telephone and testified to the following: the Appellant is over the age of 65 and has a household size of one. The Appellant received MassHealth Standard from July 1, 1997, until she turned [REDACTED] during the Covid-19 Public Health Emergency, at which time she was no longer eligible for MassHealth Standard. Because MassHealth was prohibited from reviewing cases or downgrading coverage during the Public Health Emergency, MassHealth protected the Appellant on MassHealth Standard pending the expiration of the Public Health Emergency. The Public Health Emergency ended on March 31, 2023, and MassHealth began to review cases.

The MassHealth representative testified that the Appellant did not submit her annual eligibility renewal and that on July 14, 2023, MassHealth notified the Appellant that her benefits were ending on July 28, 2023. The Appellant timely appealed. On August 2, 2023, the Appellant submitted an incomplete application for benefits. The MassHealth representative testified that the Appellant receives a monthly income of \$1,393. Because the Appellant is over 65, the MassHealth representative testified that the Appellant must provide further information on her assets, specifically a bank account and vehicle, for MassHealth to be able to determine the Appellant's eligibility. The MassHealth representative stated that the Appellant would likely qualify for Health Safety Net pending verification of the additional information requested.

The Appellant appeared at the hearing via telephone and verified her identity. The Appellant testified that she had been in the hospital and did not receive her annual eligibility renewal. The Appellant did not dispute her monthly income and shared that she also has Medicare. She testified that she had mailed in the requested information regarding her bank account and vehicle several days prior to the hearing. She also stated that she owns her home. The MassHealth representative asked that the Appellant submit additional information regarding her home.

The Appellant was upset that she would be eligible for Health Safety Net rather than MassHealth Standard, which she had been receiving for many years. The Appellant shared that her doctors do not accept Health Safety Net. The MassHealth representative explained that because the Appellant had turned 65 during the public health emergency, her coverage had been extended for longer than it would have been otherwise. The MassHealth representative explained that for those over 65 to be eligible for MassHealth Standard, their income must be at or below 100% of the federal poverty level, which is \$1,215 monthly, and that there are asset considerations.

Findings of Fact

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

1. The Appellant is over the age of 65 and has a household of one. (Testimony).
2. The Appellant has a monthly income of \$1,393. (Testimony).
3. MassHealth has not received a completed application from the Appellant including requested asset information on her home, vehicle, and bank account (Testimony).
4. One hundred percent of the federal poverty level is \$1,215 monthly for a household of one (Testimony).

Analysis and Conclusions of Law

Pursuant to 130 CMR 516.001: Application for Benefits, MassHealth “will request any corroborative information necessary to determine eligibility.” 130 CMR 516.001(A)(3)(c). Further, under 130 CMR 516.003: Verification of Eligibility Factors, MassHealth “requires verification of eligibility factors including income [and] assets.”

Here, because MassHealth has not yet received a completed application from the Appellant, including the requested information on her home, vehicle, and bank account, it does not have the corroborative information necessary to determine eligibility. Accordingly, MassHealth did not err in denying the Appellant benefits.

In accordance with 130 CMR 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.

130 CMR 519.005(A).

Regarding the Appellant’s concern that she would no longer qualify for MassHealth Standard, the Appellant is over the age of 65. MassHealth is currently seeking additional information to establish the amount of the Appellant’s countable assets. The Appellant’s countable income is not less than or equal to 100% of the Federal Poverty Level. One hundred percent of the Federal Poverty Level is \$1,215 monthly for a household of one. Here, the Appellant comprises a household of one, with a

countable income calculated at \$1,393, less a \$20 unearned income disregard, for a total of \$1,373 per month.¹ Thus, the Appellant's undisputed income exceeds the Federal Poverty Level limit to receive MassHealth benefits.²

As stated above, because MassHealth has not received requested information on the Appellant's assets, her application is incomplete. Additionally, MassHealth was correct in determining that the Appellant has more countable income than MassHealth benefits allow. As such, this appeal is denied.³

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.

Emily T. Sabo
Hearing Officer
Board of Hearings

cc:

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

¹ Once the Appellant has submitted all verifications, if she is denied MassHealth based on income, she could contact her local elder services agency about a Frail Elder Waiver evaluation.

² Once MassHealth receives the Appellant's asset information and determines her eligibility, it may also calculate and notify her of her potential deductible amount.

³ This denial does not preclude the Appellant from contacting the Health Safety Net regarding potential coverage if she so chooses, at 1-877-910-2100.