


# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2306602
<b>Decision Date:</b>	10/26/2023	<b>Hearing Date:</b>	9/6/2023
<b>Hearing Officer:</b>	Cynthia Kopka	<b>Record Open to:</b>	9/21/2023

**Appearance for Appellant:**  
Pro se, with 

**Appearance for MassHealth:**  
Iria Saracevic, Charlestown



*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>	Dismissed	<b>Issue:</b>	Eligibility; over 65; renewal
<b>Decision Date:</b>	10/26/2023	<b>Hearing Date:</b>	9/6/2023
<b>MassHealth's Rep.:</b>	Iria Saracevic	<b>Appellant's Rep.:</b>	Pro se, with rep
<b>Hearing Location:</b>	Charlestown (remote)	<b>Aid Pending:</b>	No

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder. The issue on appeal involved the July 27, 2023 termination of benefits because Appellant did not submit an eligibility review form to MassHealth. Exhibit 1. Appellant filed this appeal on August 3, 2023 and was eligible to retain her previous benefit level pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036.

At hearing, Appellant's representative requested additional time to submit the renewal and required verifications. The hearing record was held open through September 21, 2023. Exhibit 4. MassHealth reported that it received the complete renewal and determined that with \$2,017 in monthly income, Appellant was eligible for MassHealth's Senior Buy-in program. Exhibit 6.

Appellant will be able to appeal the approval letter if there is any further issue in dispute. As the termination issue in dispute at this appeal has been resolved, this appeal is dismissed. 130 CMR 610.035(A)(8), 130 CMR 610.051(B), 130 CMR 610.083(C).

### Order for MassHealth

Issue a new eligibility notice with appeal rights and remove aid pending.

### 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.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

---

Cynthia Kopka  
Hearing Officer  
Board of Hearings

cc:

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

