

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307335
Decision Date:	10/19/2023	Hearing Date:	09/25/2023
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Palestrina Dessalines St. Fort



*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:	Eligibility – Standard with deductible; Over 65
Decision Date:	10/19/2023	Hearing Date:	09/25/2023
MassHealth's Rep.:	Palestrina Dessalines St. Fort	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Telephonic		

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 8/22/23, MassHealth notified the appellant that his MassHealth benefits would terminate on 9/5/23 because his income exceeded the program limits. MassHealth calculated a deductible of \$1,906.00. The deductible period is 8/2023 to 1/2024 (130 CMR 519.005 and 520.028 and Exhibit 1). The appellant filed this appeal in a timely manner on 8/23/23. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits because his income exceeds the program limits and calculated a deductible.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 519.005, in determining that the appellant's income exceeds the program limits.

Summary of Evidence

The MassHealth representative testified that MassHealth sent the appellant is over 65 years old. The MassHealth representative testified that a renewal application was sent to the appellant on 8/4/23. The MassHealth representative testified that an information request was sent to the appellant on 8/4/23 as well. The MassHealth representative testified that on 8/17/23 MassHealth received the requested information, bank statements. The MassHealth representative testified that a termination notice, for 9/5/23, was issued on 8/22/23 because MassHealth determined the appellant was over the income limit for MassHealth Standard. The MassHealth representative testified that the appellant's Social Security income is \$2,448 a month. The MassHealth representative testified that the maximum allowable income to qualify for MassHealth Standard is \$1,215 a month. The MassHealth representative testified that the appellant could submit a senior buy-in application to qualify for the buy-in program which pays for Medicare Part B premiums.

The appellant confirmed his Social Security income. The appellant questioned why he was determined eligible for MassHealth last year. The appellant feels he cannot afford the cost of his medical bills without MassHealth.

The appellant was informed about his eligibility for the senior buy-in program. The appellant was also told that due to the Public Health Emergency, which ended this year, MassHealth was not terminating members.

Findings of Fact

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

1. The appellant is over 65 years of age.
2. MassHealth sent the appellant a renewal application on 8/4/23.
3. An information request was sent to the appellant on 8/4/23.
4. On 8/17/23, MassHealth received the requested information and bank statements.
5. A termination notice for 9/5/23 was issued on 8/22/23 because MassHealth determined

the appellant was over the income limit for MassHealth Standard.

6. The MassHealth representative testified that the appellant's Social Security income is \$2,448 a month.
7. The maximum allowable income to qualify for MassHealth Standard is \$1,215 a month.
8. The appellant could submit a senior buy-in application to qualify for the buy-in program which pays for Medicare Part B premiums.
9. The appellant confirmed his Social Security income.

Analysis and Conclusions of Law

The appellant is over 65 and lives in the community with a monthly income of \$2,448 from Social Security. 100 percent of the federal poverty limit for a family unit of one is \$1,215 a month.

130 CMR 519.005: Community Residents Aged 65 and Older

(A) Eligibility Requirements Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals aged 65 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, of the individual or couple is less than or equal to 100 percent 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.

(B) Financial Standards Not Met Except as provided in 130 CMR 519.005(C), individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004, meeting a deductible as described at 130 CMR 520.028 et seq., or both.
(Emphasis added)

The regulations dictate that when an individual's monthly income is above 100% of the federal poverty level a deductible is calculated. (130 CMR 520.028).

130 CMR 520.029: The Deductible Period

The deductible period is a six-month period that starts on the first day of the month of

application or may begin up to three months before the first day of the month of application. The applicant is eligible for this period of retroactivity only if the applicant incurred medical expenses covered by MassHealth and was otherwise eligible.

130 CMR 520.030: Calculating the Deductible

The deductible is determined by multiplying the excess monthly income by six. Excess monthly income is the amount by which the applicant's countable-income amount as described in 130 CMR 520.009 exceeds the MassHealth deductible-income standard.¹

MassHealth correctly determined the appellant's income is over the program limits for MassHealth Standard and the deductible to establish eligibility was properly calculated.

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.

Christine Therrien
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center

¹ The unearned income, less the allowable \$20.00 unearned income disregard, is subtracted from the MA Income Standard (\$522) which is then multiplied by six to determine the individual's MassHealth deductible (\$2,448 - \$20 = \$2,428 - \$522 = \$1,906 x 6 = \$11,436).