

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307646
Decision Date:	09/29/2023	Hearing Date:	09/15/2023
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:



Appearance for MassHealth:

Sophia Beauport Lafontant, Charlestown MEC

Interpreter:




Haitian Creole



*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, Over Income, Over 65
Decision Date:	09/29/2023	Hearing Date:	09/15/2023
MassHealth's Rep.:	Sophia Beauport Lafontant	Appellant's Rep.:	
Hearing Location:	Remote (phone)	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 August 19, 2023, MassHealth found appellant was not eligible for MassHealth benefits because MassHealth determined that his income was too high. (Ex. 1). The appellant filed this appeal in a timely manner on August 29, 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 he 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, the MassHealth worker and the interpreter all appeared by telephone and were sworn. Appellant orally requested his wife be his authorized representative. Appellant's wife was sworn in and proceeded to represent appellant at hearing. The MassHealth representative stated that the appellant is over 65 and lives in a two-person household. She stated MassHealth received an application in July 2023, and it was processed in the same month. MassHealth sent appellant a notice to provide verifications. Verifications were received and processed and a denial for benefits was sent to appellant for being over income. The MassHealth representative testified to the following: Appellant's spouse had income of \$2,023.00 monthly from social security and \$218.42 a month from private pension. (Testimony). The MassHealth representative testified that the total gross monthly income of the household was \$2,241.00, exceeding the limit for MassHealth Standard. The MassHealth representative stated that MassHealth deducts \$20.00 from unearned income when determining MassHealth countable income and, thus, the appellant's countable income is \$2,221.00 a month. The MassHealth representative stated that the income limit for MassHealth Standard for persons age 65 and older is 100% of the federal poverty level, or \$1,644.00 a month for a household of two. The MassHealth representative stated that because the appellant's income exceeds this amount, he is not financially eligible for MassHealth Standard. The MassHealth representative noted that the appellant could be found eligible for MassHealth Standard after meeting a 6-month deductible of \$9,426.00 for the period July 2023 to December 2023. The MassHealth representative stated that based on income and the federal poverty level appellant was eligible for Health Safety Net.

Other than requesting his wife represent him, appellant offered no testimony. Appellant's wife stated that the appellant was undergoing cancer treatment.

Findings of Fact

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

1. Appellant is over age 65, lives in a two-person household and is not disabled. (Ex. 4; Testimony).
2. Appellant has no income. The wife of appellant has a monthly income of \$2,023 from social security and \$218.42 a month from a private pension. (Testimony).
3. 100% of the federal poverty level is \$1,644.00 a month for a family of two. (2023 MassHealth Income Standards and Federal Poverty Guidelines).

Analysis and Conclusions of Law

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).

The regulations at 130 CMR 515.000 through 520.000 provide the requirements for MassHealth eligibility for persons age 65 and older. (130 CMR 515.002). A non-institutionalized person age 65 and older may establish eligibility for MassHealth Standard coverage if the countable income is less than or equal to 100% of the federal poverty level. (130 CMR 519.005). 100% of the federal poverty level for a family of two is \$1,644.00 per month. The appellant's gross unearned income totals \$2,241.00 per month. After allowing the \$20.00 deduction for unearned income, the appellant's countable unearned income is \$2,221.00. This amount exceeds 100% of the federal poverty level for a family of two. The appellant is not financially eligible for MassHealth Standard at this time.

The appellant would need to meet a six month deductible before MassHealth eligibility can be established. (130 CMR 520.028). The appellant's countable income for the deductible calculation is \$2,221.00. The MassHealth Income Standard applicable to an individual age 65 or older residing in the community is \$650.00 per month for a household of two. (130 CMR 520.030) The deductible is the total dollar amount of incurred medical expenses that an individual is responsible for before MassHealth eligibility is established. (130 CMR 520.031). The deductible period is 6 months and the deductible is determined by multiplying the excess monthly income by 6. (130 CMR 520.029, 520.030). The excess monthly income is the amount by which the appellant's countable income exceeds the MassHealth Income Standard. (130 CMR 520.030). In the present case, the appellant's countable income of \$2,221.00, as calculated above, exceeds the MassHealth income standard of \$650.00 by \$1,571.00. This amount is multiplied by 6 to determine the 6 month deductible of \$9,426.00. (Ex. 1, p. 3).

Accordingly, the appellant is responsible for \$9,426.00 of incurred medical expenses for the 6 month deductible period of July 2023 to December 2023 before eligibility for MassHealth Standard can be established. MassHealth's action is upheld and the appeal is denied.¹

Order for MassHealth

¹ The MassHealth representative testified appellant currently has Health Safety Net. She also recommended appellant apply for a Frail Elder waiver, which allows a higher income.

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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

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

Appeal Representative: [REDACTED]