

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2308497

Decision Date: 10/17/23

Hearing Date: 10/16/2023

Hearing Officer: Alexis Demirjian

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Michael Richelson, Tewksbury 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; Over Assets; Over Income
Decision Date:	10/17/23	Hearing Date:	10/16/2023
MassHealth's Rep.:	Richelson	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 September 9, 2023, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that had more countable income and assets than MassHealth benefits allow. (see 130 CMR 520.002; 520.028; 520.004 and Exhibit 1). The appellant filed this appeal in a timely manner on September 18, 2023. (See 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal before the Board of Hearings. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant income and assets exceeded the amounts allowed by MassHealth.

Summary of Evidence

MassHealth testified that it had reviewed a senior renewal application submitted by the appellant. In reviewing the application, MassHealth determined that the appellant received social security income in the amount of \$1,606 less \$20, totaling unearned income of \$1,586.00. Additionally, the appellant works a job where he has earned income totaling \$1,744.03 monthly.

The MassHealth worker testified that the income limits for a family of one is \$1,215.00 monthly.

Additionally, the MassHealth worker testified that appellant has excess of assets in the amount of \$12,745.80, thus his assets exceeded the allowable limit for MassHealth which is \$2000 for an individual.

Accordingly, MassHealth testified that based on the financial review of the appellant's renewal, the appellant did not qualify for MassHealth Standard or Limited. The MassHealth representative noted that the appellant could be found eligible for MassHealth Standard after meeting a 6-month deductible of \$11,421.00 for the period July 2023 to December 2023. The MassHealth representative stated that the appellant was eligible for Health Safety Net.

The appellant acknowledged that he has income and assets over the allowable limits but noted that it is the only money that he has to live on and that his work is variable due to a worsening of his health conditions.

Findings of Fact

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

1. The appellant is over aged 65 and did not file a disability supplement. (Exhibit 1, Testimony).
2. The appellant has assets over the limit allowed by MassHealth. (Exhibit 1, Testimony).
3. The appellant has income over the limit allowed by MassHealth. (Exhibit 1, Testimony).

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).

Income

The regulations at 130 CMR 515.000 through 520.000 provide the requirements for MassHealth eligibility for persons aged 65 and older. (130 CMR 515.002). A non-institutionalized person aged 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 one is \$1,215.00 per month. The appellant's gross unearned income totals \$1,586.00 per month. Additionally, the appellant has a gross monthly earned income of \$1,744.00 per month. These amounts exceed 100% of the federal poverty level for a family of one. The appellant is not financially eligible for MassHealth Standard at this time.

Assets

Pursuant to 130 CMR 520.003 (A) (1), the total value of countable assets owned by or available to individuals applying for or receiving MassHealth Standard, Family Assistance, or Limited may not exceed \$2000 for individuals.

Here the appellant acknowledged that he has assets in excess of the \$2000 limit. Thus, he does not qualify for MassHealth Standard, Family Assistance, or Limited based on this fact.

With respect to the appellant's testimony that his medical conditions are worsening, the appellant may seek to reapply for benefits under MassHealth CommonHealth which will require him to submit a new application and disability supplement.

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.

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.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290