# Office of Medicaid **BOARD OF HEARINGS**

### **Appellant Name and Address:**



Appeal Decision: Appeal Number: Denied 2308768

Hearing Date: Decision Date: 11/07/2023 10/27/2023

Hearing Officer: Alexis Demirjian

Appearance for Appellant:

Appearance for MassHealth: Pro se Nicole Conrad, Taunton 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

**Decision Date:** 11/07/2023 **Hearing Date:** 10/27/2023

MassHealth's Rep.: Ms. Conrad Appellant's Rep.: Pro se

Hearing Location: 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 September 16, 2023, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant had more countable income 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 25, 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's income exceeded the amounts allowed by MassHealth.

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# **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 \$1,508.00 less \$20, totaling unearned income of \$1,488.00.

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

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 may qualify for MassHealth Standard by filing a PCA waiver or a Frail Elder waiver. The MassHealth representative stated that the appellant was eligible for Health Safety Net and Senior Buy-In.

The appellant acknowledged that she has income over the allowable limits.

# **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 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." <u>Andrews</u> v. <u>Division of Medical Assistance</u>, 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 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 \$1,488.00 per month. This amount exceeds 100% of the federal poverty level for a family of one. The appellant is not financially eligible for MassHealth Standard at this time.

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Here the appellant acknowledged that she has income above the allowable limit.

For those reasons, 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.

Alexis Demirjian Hearing Officer Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

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