

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2309152

Decision Date: 11/07/2023

Hearing Date: 10/31/23

Hearing Officer: Stanley Kallianidis

Appellant Representative:

Pro Se

MassHealth Representative:

Raybrianna Dasher, Taunton



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Deductible MassHealth- Over 65
Decision Date:	11/07/2023	Hearing Date:	10/31/23
MassHealth Rep.:	Raybrianna Dasher	Appellant Rep.:	Pro Se

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Notice dated 09/22/23 was sent to the appellant stating that MassHealth had determined her ineligible for MassHealth Standard or Limited benefits because of excess income. It also stated that she had a six-month deductible of \$8,868.00 (Exhibit 1). The appellant filed her timely appeal on 10/02/23 (see 130 CMR 610.015 and Exhibit 2). The denial of assistance is grounds for appeal (130 CMR 610.032). The appellant's hearing notice was sent on 10/06/23 (Exhibit 3).

Action Taken by MassHealth

MassHealth has denied the appellant's application for MassHealth benefits due to a deductible of \$8,868.00.

Issue

Pursuant to 130 CMR 520.028 *et. seq.*, was the appellant's MassHealth deductible calculated correctly?

Summary of Evidence

With regard to the announced denial of assistance and deductible, the MassHealth representative introduced a worksheet used to report and evaluate the appellant's eligibility for MassHealth benefits (Exhibit 4) and reviewed for the benefit of the hearing officer and the appellant the calculation made in her case.

The MassHealth representative testified that the appellant is a household of one individual over 65 years of age and that she has gross monthly Social Security income of \$2,020.00. A \$20.00 disregard was deducted from this figure which resulted in net countable income of \$2,000.00. She explained that because the appellant's net income of \$2,000.00 exceeded the \$1,215.00 federal poverty level for one person, she was not entitled to MassHealth without meeting a deductible. A deductible of \$8,868.00 was assigned. The deductible calculation was as follows: the net monthly income of \$2,000.00 was greater than the Deductible Income Standard of \$522.00 for the appellant's household of one by \$1,478.00, which was then multiplied by six (Exhibits 1 & 4).

The appellant testified that she needs MassHealth due to her medical needs and low income. She did not dispute the income calculation that was made in her case, but nonetheless disagreed to the action to deny her MassHealth Standard benefits.

Findings of Fact

The record shows, and I so find:

1. The household consists of one member over 65 years of age (testimony).
2. Her monthly gross income is \$2,020.00 and is from Social Security (Exhibits 1 & 4).
3. The federal poverty level for one person is \$1,215.00 (testimony).

Analysis and Conclusions of Law

Financial eligibility for MassHealth Standard or Limited for members over 65 residing in the community is currently set at 100% of the federal poverty level (\$1,215.00 for one person). See 130 CMR 519.005 & 130 CMR 519.009.

The household consists of one member over 65 years of age. Her monthly gross income is \$2,020.00 from Social Security.

Pursuant to 130 CMR 520.012, a \$20.00 deduction is allowed from the total gross unearned income. The resulting monthly net income is \$2,000.00. The appellant's household's income therefore exceeds the \$1,215.00 eligibility standard.

130 CMR 520.028 states that the financial eligibility for persons over 65 years of age whose countable income exceeds the 100 percent federal-poverty-level standard, may establish eligibility on the basis of meeting a deductible.

Pursuant to 130 CMR 520.029, 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 prior to the first day of the month of application.

I have found that the appellant has net monthly income of \$2,000.00. According to the MassHealth Deductible Income Standards (Section 520.030), the net income exemption for one person is \$522.00. Since the appellant's net monthly income is greater than the standard by \$1,478.00. I conclude that the appellant is subject to a deductible of the six-month excess of \$8,868.00 (Section 520.030 & 520.031).

Therefore, the appellant is not eligible for MassHealth due to income in excess of the federal-poverty-level. However, if the appellant incurs medical expenses in excess of the six-month deductible and if she meets all other conditions of eligibility at such time, MassHealth will be responsible for all approved medical expenses in excess of the deductible.

The appeal is therefore 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

Taunton MEC