

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2309230

Decision Date: 11/07/2023

Hearing Date: 11/02/2023

Hearing Officer: Alexis Demirjian

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jonathan Gonzalez,
Charlestown MassHealth



*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:	11/07/2023	Hearing Date:	11/02/2023
MassHealth's Rep.:	Jonathan Gonzalez	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 the appellant 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 October 10, 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 the appellant's 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 \$1,301.90 less \$20, totaling unearned income of \$1,281.00.

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 assets totaling \$2,706.55, thus her assets exceed 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 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 and assets 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 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 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 \$1,281.00 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.

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 she has assets in excess of the \$2000 limit. Thus, she does not qualify for MassHealth coverage at this point in time.

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