

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2406146
Decision Date:	5/28/2024	Hearing Date:	05/14/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Iria Saracevic, Charlestown 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:	Community Eligibility; Over 65; Income
Decision Date:	5/28/2024	Hearing Date:	05/14/2024
MassHealth's Rep.:	Iria Saracevic	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center (Telephone)	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 April 1, 2024, MassHealth denied the Appellant's application for benefits as his countable income is more than MassHealth Standard or Limited benefits allow.¹ 130 CMR 520.002, 130 CMR 520.028, and Exhibit 1. The Appellant filed this appeal in a timely manner on April 16, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth found that the Appellant was not eligible for MassHealth Standard or Limited due to his income.

¹ The notice also calculated a deductible of \$6,039 for a deductible period of 3/1/24 to 9/1/24. Exhibit 1.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant is not eligible for MassHealth Standard or Limited due to his income.

Summary of Evidence

The hearing was held telephonically. The MassHealth representative testified as follows: the Appellant is over the age of 65. The MassHealth representative testified that the Appellant's spouse is in long-term care in a nursing facility, and that she receives social security income, which is not considered as part of the Appellant's countable income. The MassHealth representative testified that the Appellant earns \$3,142.50/month, through employment with [REDACTED]. The MassHealth representative testified that in order to qualify for MassHealth Standard, the Appellant's income would need to be 100% of the federal poverty level or less, which is \$1,255/month for a household of one.² The MassHealth representative testified that the Appellant does not have Medicare, and so he does not qualify for MassHealth's Medicare Savings Programs (Senior Buy-in).

The Appellant verified his identity and agreed with MassHealth's testimony regarding his income. The Appellant explained that he was not told that his health insurance ending would be a consequence of taking on additional hours of work through [REDACTED]. The Appellant testified that he is seeking alternate health insurance, but that [REDACTED] does not offer health insurance, and he has contacted his union about alternatives. The Appellant explained that he is diabetic and so he has concerns about qualifying for insurance and his ongoing medical costs.

The MassHealth representative shared that the Appellant could contact the Health Connector and submit a disability supplement through Disability Evaluation Services.

Findings of Fact

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

1. The Appellant is over the age of 65. Testimony and Exhibit 4.
2. The Appellant lives in the community. Testimony.
3. The Appellant's monthly income is \$3,142.50. Testimony.

² The MassHealth representative clarified that the Appellant is considered a household of one because he is living in the community and his spouse is in a nursing facility. Exhibit 5.

Analysis and Conclusions of Law

In evaluating financial eligibility for MassHealth Standard, the regulations at 130 CMR 519.005 provide:

519.005: Community Residents 65 Years of Age and Older

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C),³ noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

- (1) the countable-income amount, as defined in 130 CMR 520.009: Countable-income Amount, of the individual or couple is less than or equal to 100% of the federal poverty level; and
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

(B) Financial Standards Not Met. Except as provided in 130 CMR 519.005(C), individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004: Asset Reduction, meeting a deductible as described at 130 CMR 520.028: Eligibility for a Deductible through 520.035: Conclusion of the Deductible Process, or both.

130 CMR 519.005(A), (B).⁴

The MassHealth regulations at 130 CMR 501.001 define the federal poverty level as, “income standards issued annually in the *Federal Register* to account for the last calendar year's increase in prices as measured by the Consumer Price Index.” For 2024, the *Federal Register* states that the federal poverty level for a household of one is \$1,255 monthly. *See also* 2024 MassHealth Income Standards & Federal Poverty Guidelines.

Therefore, because there is no dispute that the Appellant’s income is \$3,142.50 monthly, which is greater than 100% of the federal poverty level, the Appellant is not financially eligible for MassHealth Standard unless he meets the deductible provided for in 130 CMR 519.005(B). 130 CMR 519.005(A)(1). As such, unfortunately, the Appellant does not meet the financial requirements to qualify for MassHealth Standard or MassHealth Limited. 130 CMR 519.009(A)(1). Consequently, MassHealth did not err in issuing the April 1, 2024, notice, and the appeal is denied. The Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-

³ 130 CMR 519.005(C) details the eligibility requirements for parents or caretaker relatives of a child younger than 19 years old.

⁴ The MassHealth regulations at 130 CMR 519.009(A)(1) state that MassHealth Limited is available to those who meet the financial and categorical requirements for MassHealth Standard.

877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

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