

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2503866
<b>Decision Date:</b>	6/2/2025	<b>Hearing Date:</b>	04/03/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**

Pro se

**Appearance for MassHealth:**

Sophia Beauport-LaFontant



*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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Eligibility – Senior Buy In
<b>Decision Date:</b>	6/2/2025	<b>Hearing Date:</b>	04/03/2025
<b>MassHealth's Rep.:</b>	Sophia Beauport-LaFontant	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MEC	<b>Aid Pending:</b>	Yes

### 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 March 1, 2025, MassHealth informed Appellant she is no longer eligible for MassHealth Standard, but will remain eligible for the Medicare Savings Program, QMB ([Exhibit A](#)). Appellant filed this appeal in a timely manner on March 10, 2025 (see 130 CMR 610.015(B) and Exhibit A). A change in coverage constitutes valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that Appellant is no longer eligible for MassHealth Standard, but will remain eligible for the Medicare Savings Program, QMB.

### Issue

The appeal issue is whether MassHealth properly applied the controlling regulations to accurate facts when it determined that Appellant is no longer eligible for MassHealth Standard, but will remain eligible for the Medicare Savings Program, QMB.

## **Summary of Evidence**

Both parties appeared by telephone.

The MassHealth representative testified that, because of a recent redetermination, Appellant's coverage will change from MassHealth Standard with Medicare Savings Program QMB to just Medicare Savings Program, QMB because she no longer financially qualifies for MassHealth Standard.

The MassHealth representative testified that Appellant is over the age of 65 and resides in the community in a household of one with gross countable monthly household income derived from Social Security of \$1,813.00. This income exceeds the MassHealth monthly eligibility limit for a household of one of \$1,305.00.

Appellant appeared on her own behalf and discussed her monthly living expenses. Appellant testified that she currently cannot afford to make ends meet and must collect recyclable cans in order to bring in extra money to meet her expenses. Appellant testified that her neighbors and children are also helping her out financially. Appellant also discussed her medical conditions, medical expenses, and the need for future medical procedures. Appellant testified that she cannot afford to pay for the uncovered portion of these expenses that MassHealth Standard has been covering. Appellant also testified that she does not have Medicare Part D coverage for prescriptions.

## **Findings of Fact**

By a preponderance of the evidence, this record supports the following findings:

1. Appellant is over the age of 65 and resides in the community in a household of one.
2. Appellant has gross countable monthly household income derived from Social Security of \$1,813.00.
3. MassHealth redetermined Appellant's financial eligibility.
4. MassHealth determined that Appellant no longer financially qualifies for MassHealth Standard.
5. MassHealth determined that Appellant continues to be eligible for the Medicare Savings Program QMB.

## **Analysis and Conclusions of Law**

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

Pursuant to MassHealth regulation 130 CMR 519.005(A)(1), for an individual over the age of 65 residing in the community to be income eligible for MassHealth Standard, countable income cannot exceed 100% of the FPL for the individual's household size (\$1,305.00 for a household of one).

Pursuant to MassHealth regulations, an individual's gross earned and/or unearned income is counted for MassHealth eligibility purposes (520.009(A)(1)). While certain deductions are allowed for specified situations, such as business deductions, deductions for expenses noted by Appellant (living expenses, medications, co-payments etc.) are not among them (130 CMR 520.009).

Appellant did not dispute her age, gross SSA income, or her household size. MassHealth has shown Appellant's countable income to exceed the applicable eligibility income limit. Accordingly, there is no reasonable basis to conclude that MassHealth's determination is based on an error of fact and/or law.

For the foregoing reasons, the appeal is denied.

## **Order for MassHealth**

Remove AID PENDING and proceed with determination of March 1, 2025.

## **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.

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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129