

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504640
Decision Date:	05/09/2025	Hearing Date:	05/2/2025
Hearing Officer:	David Jacobs		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Pamela Filipe, 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:	Eligibility – Over 65 – Over Income
Decision Date:	05/09/2025	Hearing Date:	05/2/2025
MassHealth's Rep.:	Pamela Filipe	Appellant's Rep.:	██████
Hearing Location:	Board of Hearings (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 March 4, 2025, MassHealth notified the appellant that her MassHealth Standard benefits were ending on March 18, 2025 because she has more countable income than MassHealth benefits allow (Exhibit 1). The appellant filed this appeal in a timely manner on March 21, 2025 (Exhibit 2 & 130 CMR 610.015(B)). The termination of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that it was terminating her MassHealth Standard benefits on March 18, 2025 because she has more countable income than MassHealth benefits allow.

Issue

The appeal issue is whether MassHealth was correct in terminating the appellant's MassHealth Standard benefits because she has more countable income than MassHealth benefits allow?

Summary of Evidence

The MassHealth representative appeared telephonically and testified to the following facts: The appellant is female, over the age of 65, a household of one, lives in the community, and has a gross income from a pension and social security in the amount of \$4,350.45, monthly. This income is above 100% of the federal poverty level (FPL) for a household of one, which at the time of the hearing is \$1,305.00, monthly. As the appellant is over income for MassHealth Standard, MassHealth notified her that her benefits would end on March 18, 2025. However, she is still eligible for partial Health Safety Net.

The appellant appeared telephonically and mostly conceded to the facts laid out by MassHealth. She disagreed with the exact amount of her income and argued that her gross income is more along the lines of \$4,105.00 per month. The appellant testified that the change occurred because her husband died in [REDACTED], and she is very upset that it seems like MassHealth is punishing her for this misfortune. She argues that she is at capacity paying her regular bills for food and utilities and feels as if she will not be able to use medical services without MassHealth supplementing her Medicare costs.

The MassHealth representative responded that MassHealth does not take into consideration regular bills and expenses when calculating income.

Findings of Fact

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

1. The appellant is over the age of 65, is a household of one, lives in the community, and has gross income of over \$4,000 monthly.
2. 100% of the Federal Poverty Level is \$1,305 monthly.
3. On March 4, 2025, MassHealth notified the appellant that her MassHealth Standard were ending because she has more countable income than MassHealth benefits allow.
4. On March 21, 2025, the appellant timely appealed the notice.

Analysis and Conclusions of Law

The issue under appeal is whether MassHealth erred in terminating the appellant's benefits.

519.001: Introduction

(A) Categorical Requirements and Financial Standards. 130 CMR 519.000 explains the categorical requirements and financial standards that must be met to qualify for a

MassHealth coverage type. The rules of financial responsibility and the calculation of financial eligibility are detailed in 130 CMR 520.000: *MassHealth: Financial Eligibility*.

(B) MassHealth Coverage Types. The MassHealth coverage types available to individuals 65 years of age and older, institutionalized individuals, and those who would be institutionalized without community-based services are the following:

- (1) MassHealth Standard;
- (2) MassHealth Limited;
- (3) Medicare Savings Programs (MSP) for Qualified Medicare Beneficiaries (QMB) (Senior Buy-In);
- (4) Medicare Savings Programs (MSP) for Specified Low Income Medicare Beneficiaries and Qualifying Individuals (Buy-In);
- (5) MassHealth CommonHealth; and
- (6) MassHealth Family Assistance.

(C) Determining Eligibility. The MassHealth agency determines eligibility for the most comprehensive coverage available to the applicant, although the applicant has the right to choose to have eligibility determined only for MSP for Qualified Medicare Beneficiaries (QMB) or MSP for Specified Low Income Medicare Beneficiaries and Qualifying Individuals coverage. If no choice is made by the applicant, the MassHealth agency determines eligibility for all available coverage types.

The appellant is over the age of 65 and lives in the community. Pursuant to 130 CMR 519.005(A) noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they have a countable income less than or equal to 100% of the FPL. To be within this limit, the gross monthly income of a household of one cannot exceed \$1,305.00. The appellant does not dispute that her gross monthly income of over \$4,000 is over that threshold. Her dispute is that MassHealth should consider her food and utility bills when making their calculations. However, the applicable regulations do not permit deductions for these types of expenses.

As it is undisputed that the appellant has a gross income that exceeds 100% of the FPL, the appeal must be 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.

David Jacobs
Hearing Officer
Board of Hearings

cc:

Taunton MEC