

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2176200
<b>Decision Date:</b>	10/28/2021	<b>Hearing Date:</b>	September 24, 2021
<b>Hearing Officer:</b>	Brook Padgett		

**Appellant Representative:**




**MassHealth Representative:**

Kristen Denucce-Sims



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	130 CMR 519.005
<b>Decision Date:</b>	10/28/2021	<b>Hearing Date:</b>	September 24, 2021
<b>MassHealth Rep.:</b>	K. Denucce-Sims	<b>Appellant Rep.:</b>	
<b>Hearing Location:</b>	Springfield		

## Authority

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

## Jurisdiction

The appellant received a notice dated August 03, 2021, stating: MassHealth has decided that you are no longer eligible for the coverage type you now get. Your coverage will change to Senior Buy-In. 130 CMR 519.002. (Exhibit 1).

The appellant filed a timely appeal on August 13, 2021. (130 CMR 610.015(B); Exhibit 2).

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth changed the appellant's coverage to MassHealth Senior Buy-In.

## Issue

Did MassHealth correctly determine the appellant's program eligibility?

## Summary of Evidence

MassHealth testified the appellant's family size of two was denied MassHealth Standard because the household was over the asset and income standard. MassHealth stated the appellant prior to the hearing submitted proof of assets so it is no longer an issue; however, the household is still over the income standard. MassHealth indicated the appellant and his wife are both over 65 years old and at the time of the notice had gross monthly household income of \$1,680.00 (Social Security \$1,209.00 appellant + \$471.00 wife) or 113% of the federal poverty limit. MassHealth stated the appellant's monthly gross income exceeds 100% of the federal poverty level for a household of two, which is \$1,452.00 per month. MassHealth explained the appellant can reestablish eligibility for MassHealth Standard if he meets a six-month deductible of \$6,060.00. MassHealth explained how the six-month deductible was calculated and how certain medical bills could be submitted to meet this deductible.

The appellant testified that he and his wife are just getting by on their income. He said they were not doing great, but things were ok until a few months ago, his wife's Social Security was raised from \$192.00 to \$471.00 and although they were glad for the extra \$200.00 it has caused them to lose their health insurance and cause them more harm than good.

MassHealth responded that she would send the appellant a Personal Care Supplement Form to complete and return. The representative states the appellant could also contact the local senior center to obtain a Frail Elder Waiver. If the appellant meets either of these programs the income level would be raised to 133%.

## Findings of Fact

1. The appellant and his wife are over 65 years of age.
2. The household has total monthly income of \$1,680.00 or 113% of the federal poverty level.
3. 100 percent of the federal-poverty level for a household of two is \$1,452.00.
4. The MassHealth Income Standard for a household of two is \$650.00.
5. The appellant's MassHealth deductible is \$6,060.00 ( $\$1,680.00 \text{ monthly income} - \$20.00 \text{ disregard} = \$1,660.00 - \$650.00 = \$1,010.00 \times 6 \text{ months} = \$6,060.00$ ).

## Analysis and Conclusions of Law

The appellant and his wife are over 65, not disabled and live in a family unit of two with monthly income of \$1,680.00. The federal poverty limit (100%) for a family unit of two is \$1,452.00 a month. The household is therefore over the income standard for MassHealth Standard eligibility.<sup>1</sup>

The regulations dictate that when a household's monthly income is above the federal poverty limit, the unearned income, less the allowable unearned income disregard and the MassHealth Standard is multiplied by six to determine the individual's MassHealth deductible.

### **130 CMR 519.005: Community Residents Aged 65 and Older**

**(A) Eligibility Requirements** Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals aged 65 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, of the individual or couple is less than or equal to 100 percent 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, meeting a deductible as described at 130 CMR 520.028 et seq., or both.

and

### **130 CMR 520.030: Calculating the Deductible**

The deductible is determined by multiplying the excess monthly income by six. Excess monthly income is the amount by which the applicant's countable-income amount as described in 130 CMR 520.009 exceeds the MassHealth deductible-income standard.

MassHealth correctly determined the Appellant is currently over the income level to receive

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<sup>1</sup> 130 CMR 519.002: MassHealth Standard (A) Overview.(1) 130 CMR 519.002 through 519.007 contain the categorical requirements and asset and income standards for MassHealth Standard, which provides coverage for individuals aged 65 and older, institutionalized individuals, and those who would be institutionalized without community-based services.(2) Individuals eligible for MassHealth Standard are eligible for medical benefits on a fee-for-service basis as defined in 130 CMR 515.001: *Definition of Terms*. The medical benefits are described in 130 CMR 450.105(A): *MassHealth Standard*. (3) The begin date of medical coverage for MassHealth Standard is established in accordance with 130 CMR 516.005: *Coverage Date*. (4) The MassHealth agency pays the following costs for members eligible for MassHealth Standard who meet the requirements of 130 CMR 519.010(A)(1) and (2): (a) Medicare Part B premiums for members with countable income that is less than or equal to 120% of the federal poverty level; (b) Medicare Part A premiums for adult members of MassHealth Standard who are entitled to Medicare Part A with a countable income that is less than or equal to 100% of the federal poverty level; and (c) the deductibles and coinsurance under Medicare Parts A and B for members with a countable income that is less than or equal to 100% of the federal poverty level.

MassHealth Standard benefits and the deductible of \$6,060.00 to establish MassHealth eligibility was properly calculated (\$1,680.00 monthly income - \$20.00 disregard = \$1,660.00 - \$650.00 Standard = \$1,010.00 x 6 months = \$6,060.00).

The regulations controlling income eligibility are unambiguous and must be applied to all individuals. This appeal is therefore denied.

## **Order for MassHealth**

None.

## **Notification of Your Right to Appeal to Court**

If you disagree with this/her 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/her decision.

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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: Springfield MEC