

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2177188
<b>Decision Date:</b>	11/10/2021	<b>Hearing Date:</b>	10/20/2021
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearances for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Courtney Juday, Springfield 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	11/10/2021	<b>Hearing Date:</b>	10/20/2021
<b>MassHealth's Rep.:</b>	Courtney Juday	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Room 1	<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 September 13, 2021, MassHealth downgraded Appellant's MassHealth coverage and calculated a deductible because MassHealth determined that income and assets exceed program limits<sup>1</sup> (130 CMR 519.005, 520.028 and Exhibit 1). Appellant filed this appeal in a timely manner on September 20, 2021 and has been receiving aid pending (130 CMR 610.015(B) and Exhibit 2). A change in assistance type is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth downgraded Appellant's MassHealth coverage and calculated a deductible because MassHealth determined that income exceeds program limits.

## Issue

MassHealth downgraded Appellant's MassHealth coverage and calculated a deductible after determining that income exceeds program limits.

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<sup>1</sup> MassHealth testified that Appellant's assets are within program limits, and only excess income is at issue.

## Summary of Evidence

The MassHealth representative testified that Appellant's gross household income exceeds MassHealth program guidelines. Appellant is [REDACTED], and lives in the community in a family group of one. Appellant receives \$1,096 Social Security income per month. Because gross income exceeds 100% of the federal-poverty level for a family group of one, \$1,074, MassHealth calculated a deductible of \$3,324 by disregarding \$20 of Appellant's unearned income, subtracting the gross monthly income standard of \$522, and multiplying the remainder by 6 to represent a 6-month deductible period. MassHealth determined that Appellant is no longer eligible for MassHealth Standard coverage, and is now eligible for MassHealth Buy-In, which will pay for Part B of the Medicare premium, and Health Safety Net. Appellant has not submitted documentation that she is disabled, needs a Personal Care Attendant (PCA), or that she is employed.

Appellant appeared by telephone and verified her income. Appellant testified that she needs knee replacements and has other health-related issues but does not feel she needs a PCA as long as she is able to continue receiving cortisone shots every 6 months for her knees, for which she relies on MassHealth to pay for treatment.

## Findings of Fact

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

1. Appellant is [REDACTED] of age, and lives in the community in a family group of one.
2. Appellant has not been determined disabled by Social Security or MassHealth.
3. Appellant is not receiving or been screened eligible for PCA services paid for by MassHealth.
4. Appellant receives \$1,096 Social Security retirement income per month.
5. Gross income exceeds 100% of the federal-poverty level for a family group of one, \$1,074.
6. 130% of the federal poverty level is \$1,396.
7. The deductible is calculated as follows:
  - \$1,096 unearned income
  - \$20
  - = \$1,076 unearned income
  - \$522
  - = \$554 X 6 months = \$3,324

## Analysis and Conclusions of Law

The applicable regulation is 130 CMR 519.005: Community Residents 65 Years of Age and Older:

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C), 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 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: *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.

Pursuant to 130 CMR 520.028, community-based individuals whose countable income exceeds 100 percent of the federal-poverty level, in this case \$1,074, can establish eligibility for MassHealth by meeting a deductible. Appellant's \$1,096 income exceeds this mark. Regulation 130 CMR 520.030 directs that unearned income is reduced by \$20, and then reduced by the monthly income standard, in this case \$522, resulting in a \$3,324 deductible. Because Appellant's income is between 100% and 130% of the federal poverty level, \$1,074 and \$1,396 respectively, she is eligible for MassHealth Buy-In, which will pay for the cost of the monthly Medicare Part B premium (130 CMR 519.010). Appellant is not eligible for a Community Unearned-income Deduction because she has not shown that she is receiving personal-care attendant services paid for by the MassHealth agency, or has been determined by the MassHealth agency, through initial screening or by prior authorization, to need personal-care attendant services (130 CMR 520.013(B)(1)(b)). Further, Appellant is not eligible for CommonHealth as she has not shown that she meets the definition of Working Disabled Adult as she is not employed and has not been determined disabled by either MassHealth or the Social Security Administration (130 CMR 519.012(A)). Therefore, MassHealth has correctly determined that Appellant is no longer eligible for MassHealth Standard, and calculated a deductible based on Appellant's income. The appeal must be DENIED.

## Order for MassHealth

None, other than rescind aid pending.

## **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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc:MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center