

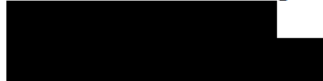
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2179649
Decision Date:	4/05/2022	Hearing Date:	01/19/2022
Hearing Officer:	Rebecca Brochstein	Record Closed:	03/21/2022

Appearances for Appellant:



Appearances for MassHealth:

Sophia Velez, Chelsea MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Eligibility
Decision Date:	4/05/2022	Hearing Date:	01/19/2022
MassHealth Rep.:	Sophia Velez, Chelsea MEC	Appellant's Rep.:	
Hearing Location:	Board of Hearings (Remote)	Aid Pending:	Yes

Authority

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

Jurisdiction

Through a notice dated December 16, 2021, MassHealth notified the appellant her coverage type would change to Buy-In (QI-Part B) because she has more countable assets than MassHealth benefits allow (Exhibit 1). The appellant filed a timely appeal on December 24, 2021 (Exhibit 2). After hearing on January 19, 2022, the record was held open for the appellant to submit additional documentation (Exhibit 4). A change in benefit type is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that her coverage type would change to Buy-In (QI-Part B) because of excess assets.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is financially ineligible for MassHealth Standard.

Summary of Evidence

An eligibility worker from the Chelsea MassHealth Enrollment Center appeared at the hearing telephonically and testified as follows: The appellant, who is over the age of 65, previously had MassHealth Standard coverage. During a review of her eligibility, MassHealth determined that she has over \$2,000 in assets. Because this is over the limit of \$2,000 for individuals over 65, MassHealth determined that she is no longer eligible for MassHealth Standard and notified her that her coverage would change to Buy-In (QI-Part B). The notice states that the appellant has a life insurance policy with a cash value of \$2,243.87 and a bank account with \$397.65. See Exhibit 1. The MassHealth case worker stated that the appellant could reduce her assets by applying the asset towards a funeral contract or a burial account.

The appellant appeared at the hearing telephonically along with an advocate. The advocate stated that the appellant would sign the insurance policy over to the funeral home. She indicated that she already had the forms to change the beneficiary of the policy.

The record was held open for the appellant and her representative to submit documentation that she had signed the life insurance policy over to the funeral home. After reviewing the submission, the MassHealth case worker reported as follows:

She sent in a beneficiary change form for her life insurance. The document is only a request and does not prove that the life insurance has actually been transferred to the other person. In order for us to process the change we need the updated contract that shows the owner and insured member. (Exhibit 4)

Findings of Fact

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

1. The appellant is over the age of 65 and has a family group of one.
2. The appellant was previously approved for MassHealth Standard benefits.
3. During an eligibility review, the appellant verified her assets at \$2,641.52. This consists of a life insurance policy with a cash value of \$2,243.87 and funds in a bank account totaling \$397.65.
4. The asset limit for a family of one is \$2,000 for MassHealth Standard.
5. On December 16, 2021, MassHealth notified the appellant that her coverage type would change to Buy-In (QI-Part B) because she was over-assets for MassHealth Standard.
6. On December 24, 2021, the appellant filed a timely appeal of the MassHealth notice.

Analysis and Conclusions of Law

The eligibility criteria for community residents who are age 65 and older are found at 130 CMR 519.005. Part (A) of that regulation states that except as provided in 130 CMR 519.005(C)¹, 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.

Based on the financial information that the appellant provided, she is not currently eligible for MassHealth Standard. Regardless of her income, the appellant's assets are above the \$2,000 limit for MassHealth eligibility. Though the record was held open for the appellant to demonstrate that she had transferred ownership of her life insurance policy, she did not provide sufficient documentation to show that she had completed the process.

This appeal is therefore denied.²

Order for MassHealth

Remove aid pending protection and proceed with change of coverage type.

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.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: Chelsea MEC

¹ The exceptions in section (C) are reserved for parents and caretaker relatives of children under age 19.

² The appellant may still provide the necessary documentation to MassHealth at any time.