

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2200116

Decision Date: 4/20/2022

Hearing Date: 03/18/2022

Hearing Officer: Radha Tilva

Appearance for Appellant:



Appearance for MassHealth:

Gloria Medeiros, Taunton MEC Rep.



*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:	LTC - PPA
Decision Date:	4/20/2022	Hearing Date:	03/18/2022
MassHealth's Rep.:	Gloria Medeiros	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton MassHealth Enrollment Center	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 December 21, 2021, MassHealth changed appellant's patient paid amount (PPA) from \$1,572.73 to \$1,640.73 effective January 1, 2022 (Exhibit 1). The appellant filed this appeal in a timely manner on or around December 29, 2021 (see 130 CMR 610.015(B) and Exhibit 2). Challenging a modification of assistance is valid grounds for appeal (see 130 CMR 610.032).

On January 13, 2022 MassHealth issued a dismissal requesting appellant's signature on the appeal request form or a copy of documentation providing proper legal representation of appellant (Exhibit 3). On February 9, 2022 appellant submitted a copy of the Health Care Proxy along with a medical note from a physician stating that the Health Care Proxy is in effect. A hearing was scheduled and held on March 18, 2022.

Action Taken by MassHealth

MassHealth changed appellant's PPA from \$1,572.73 to \$1,640.73 effective January 1, 2022.

Issue

The appeal issue is whether MassHealth was correct in determining the PPA.

Summary of Evidence

The MassHealth representative that appeared at hearing by telephone testified that appellant, a single female, applied for MassHealth long-term care benefits on August 22, 2021. She was admitted to the nursing facility in December 2021 and was seeking an eligibility start date of December 15, 2021. On December 21, 2021 MassHealth issued an approval notice with an effective eligibility start date of December 15, 2021 and PPA of \$1,572.73 per month (Exhibit 1). The notice also stated that the PPA would change to \$1,640.73 effective January 1, 2022. The PPA was calculated by taking appellant's net Social Security income of \$1,382.00, plus gross pension of \$1,432.43 to total \$2,814.43 less the allowable deductions of \$72.80, \$50.00 for health insurance, \$44.90 for dental, and a \$1,074.00 short-term allowance. The total PPA therefore was \$1,572.73 effective December 15, 2021, the date the nursing facility requested coverage.

The MassHealth representative then explained that due to an increase in appellant's Social Security income to \$1,450.00 in January 2022 appellant's PPA increased to \$1,640.73 per month (see Exhibit 7). The MassHealth representative explained that the short-term allowance is only allowed for 6 months or until the facility submits proof that the applicant is no longer short-term. In addition, the representative explained that MassHealth looks at gross income for the pension and that appellant can tell the pension company to stop taxes because she is at a long-term care facility.

The appellant was represented by her sister who is also her health care proxy. The appellant's sister confirmed that appellant is single, with no children, and no assets. The appellant's sister stated that the pension's net income of approximately \$1,200.00 should be considered not gross. In addition, the sister stated that she does not understand the short-term allowance. The sister testified that \$72.80 is not sufficient for a personal needs allowance. She explained that the appellant does not like to eat at the nursing facility so she has to bring her food. In addition, the appellant's sister further explained that her sister also needs clothes and that the allowance is not enough to pay for that.

Findings of Fact

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

1. Appellant is single and has no children.
2. Appellant applied for MassHealth benefits on August 22, 2021 and entered a long-term care nursing facility in December 2021.
3. On December 21, 2021 MassHealth issued an approval notice with an effective eligibility start date of December 15, 2021 and PPA of \$1,572.73 per month.
4. The notice also stated that the PPA would change to \$1,640.73 effective January 1, 2022.
5. Appellant's net Social Security income for 2021 was \$1,382.00 per month. On January 1, 2022

the Social Security income increased to \$1,450.00 per month.

6. Appellant's gross pension is \$1,432.43.
7. Appellant pays \$50.00 a month for health care insurance and \$44.90 per month for dental insurance which were deducted from countable income.
8. In determining the PPA, MassHealth deducted \$72.80 for the personal needs allowance and \$1,074.00 for the home-maintenance needs allowance.
9. MassHealth determined that appellant's PPA for December 2021 would be \$1,572.73 and \$1,640.73 effective January 1, 2022.

Analysis and Conclusions of Law

General income deductions from the patient paid amount must be taken in the following order: a personal-needs allowance; a spousal-maintenance-needs allowance; a family-maintenance-needs allowance for qualified family members; a home-maintenance allowance; and health-care coverage and incurred medical and remedial-care expenses (130 CMR 520.026).

130 CMR 520.026(A) sets the personal needs allowance at \$72.80 per month. That amount cannot be changed under the regulations unless the appellant's income does not meet the standard (130 CMR 520.026(B)). Appellant's income, however, is well above the standard of \$72.80 as set forth at 130 CMR 520.025. Thus, MassHealth was correct in deducting \$72.80. As the appellant is single with no dependent children, parents, or siblings MassHealth was also correct in not taking a spousal-maintenance needs or family-maintenance needs allowance (130 CMR 520.026(B) and (C)).

Further, MassHealth was correct in taking home-maintenance needs and health-care-coverage needs allowances in the amount of \$94.90 for medical and dental and \$1,074.00 for the home-maintenance needs allowance. Appellant has provided no additional testimony or evidence to support any further deductions to the patient-paid amount. Based on the above analysis this appeal is 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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

