

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: DENIED

Appeal Number: 2200782

Decision Date: 5/2/22

Hearing Date: 03/02/2022

Hearing Officer: Kenneth Brodzinski

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Lindsey Marek – 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

Appeal Decision:	DENIED	Issue:	Financial Eligibility
Decision Date:	5/2/22	Hearing Date:	03/02/2022
MassHealth's Rep.:	Lindsey Marek	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MEC	Aid Pending:	Yes

Authority

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

Jurisdiction

Through notice dated January 21, 2022, MassHealth notified Appellant that it would downgrade his coverage from MassHealth Standard plus Senior Buy-In to just Senior Buy-In (Exhibit A). Appellant filed this appeal in a timely manner on February 2, 2022 and was granted AID PENDING status postponing the termination of Standard benefits pending the outcome of this appeal (see 130 CMR 610.015(B) and Exhibit A). Termination of benefits constitutes valid grounds for appeal (see 130 CMR 610.032(A)).

Action Taken by MassHealth

MassHealth downgraded Appellant's coverage from MassHealth Standard plus Senior Buy-In to just Senior Buy-In.

Issue

Whether MassHealth properly applied the controlling regulation(s) to accurate facts when it downgraded Appellant's coverage from MassHealth Standard plus Senior Buy-In to just Senior Buy-In.

Summary of Evidence

Both parties appeared by telephone.

The MassHealth representative testified that the subject notice concerns a downgrade in Appellant's coverage from MassHealth Standard plus Senior Buy-In to just Senior Buy-In. The MassHealth representative testified that this downgrade was caused by an increase in Appellant's total countable monthly income.

The MassHealth representative explained that prior to this action, MassHealth understood that Appellant only had income from Social Security. MassHealth recently learned that Appellant also receives a Veterans' pension. Consequently, Appellant's total gross monthly countable income went from \$832.00 to \$1,441.00. The MassHealth representative further testified that for a person like Appellant, who is over the age of 65 and in a household of one, to be eligible for MassHealth Standard his gross countable monthly income cannot exceed 100 percent of the Federal Poverty Level (FPL). 100 percent FPL as of the date of the notice was \$1,074.00. As of the date of the appeal, 100 percent FPL was \$1,133.00. Appellant's current gross monthly countable income of \$1,441.00 exceeds both limits; therefore, he is no longer eligible for MassHealth Standard although he remains eligible for Senior Buy-In.

Appellant testified that his living expenses have increased as everything has gone up in price including his rent. He testified that he is disabled with a heart condition and has never had to pay for any of his healthcare. He testified that he gets his medications from the VA but gets most of his care at St. Vincent's Hospital in Worcester and Reliant Healthcare. Appellant also expressed some concern with the VA and local hospital's not sharing information. Appellant stated that he did not understand why the sudden change occurred.

For Appellant's benefit, the hearing officer explained that eligibility for MassHealth Standard is based on gross countable monthly income and household size and does not take into consideration any expenses. Appellant's income now exceeds the eligibility limit for MassHealth Standard because his Veterans' benefit, which was previously unknown to MassHealth, is now being counted. This places his income over the eligibility limit for MassHealth Standard.

The hearing officer further explained that MassHealth Standard was only Appellant's secondary insurer and that Medicare would remain his primary insurer. It was also explained to Appellant that because he is disabled, he could possibly be eligible for MassHealth CommonHealth if he were to send MassHealth a letter from someone who pays him to work 40 hours per month at any rate above zero dollars per hour. Such a letter would verify that Appellant is a working disabled adult. CommonHealth would then serve as Appellant's secondary insurer in place of the MassHealth Standard he recently lost.

If Appellant wishes to pursue the CommonHealth option, he should contact customer service if he has any questions about what information the verifying letter needs to contain.

Findings of Fact

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

1. Appellant is over the age of 65 and resides in the community.
2. Appellant is a disabled, non-working adult.
3. Appellant has a household unit of one.
4. Appellant has gross countable monthly income of \$1,441.00.

Analysis and Conclusions of Law

"The burden of proof is on the appealing party to show that the order appealed from is invalid, and we have observed that this burden is heavy" (*Massachusetts Inst. of Tech. v. Department of Pub. Utils.*, 425 Mass. 856, 867, 684 N.E.2d 585 (1997)).

On this record, Appellant has not met his burden. At hearing, Appellant did not dispute his gross countable monthly income, his household size or the application of this information to the MassHealth eligibility regulations. Accordingly, there is no basis to disturb MassHealth's determination.

Eligibility for MassHealth Standard for community-based individuals over the age of 65 (unless they are "working disabled" as defined by regulation) is based solely on an applicant's gross countable income. The rules are clear, unambiguous and are applied equally to all applicants. The regulations do not allow for any consideration of an expenses or individual circumstances other than household size and gross countable income.

Appellant is a community-based individual whose income exceeds the income limit of 100% of the federal poverty level for a household unit of one. Accordingly, MassHealth was correct in determining that Appellant is not income eligible for the MassHealth Standard program at this time (see 130 CMR 519.002; 519.005 and 520.009).

For the foregoing reasons, the appeal is DENIED.

As discussed at the time of hearing because Appellant is disabled, he may be able to establish eligibility for CommonHealth benefits upon verifying with MassHealth that he has obtained some form of employment and is working a minimum of 40 hours per month (not per week).

Order for MassHealth

Remove AID PENDING proceed with termination of Standard benefits.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center,
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