

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2303881
Decision Date:	6/14/2023	Hearing Date:	06/07/2023
Hearing Officer:	Patricia Mullen	Aid Pending:	Yes

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jernice Diaz, Taunton 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:	6/14/2023	Hearing Date:	06/07/2023
MassHealth's Rep.:	Jernice Diaz, Taunton MEC	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center (remote)		

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 April 27, 2023, MassHealth determined that the appellant is not eligible for MassHealth Standard benefits because the appellant's income exceeds the limit for MassHealth Standard; the appellant was determined eligible for the MassHealth Medicare Savings Plan/Buy In program. (see 130 CMR 520.028 and Exhibit 1). The appellant filed this appeal in a timely manner on April 27, 2023 and received aid pending appeal. (see 130 CMR 610.015(B) and Exhibit 2). Change in assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth changed the appellant's MassHealth coverage from Standard to Buy In.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 520.028, in determining that the appellant's income exceeds the limit for MassHealth Standard for persons age 65 and older.

Summary of Evidence

The appellant testified telephonically. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Taunton. The MassHealth representative testified that the appellant's MassHealth Standard case was protected during the Public Health Emergency (PHE) and a redetermination was processed when the PHE lifted. The MassHealth representative stated that the appellant is over age 65 and lives in a one person household in the community. The MassHealth representative stated that the appellant receives \$1,246.00 in gross monthly Social Security income. The MassHealth representative stated that a regulatory deduction of \$20.00 is allowed to determine MassHealth countable income, and thus the appellant's countable income is \$1,226.00 a month. The MassHealth representative testified that the income limit for MassHealth Standard for persons age 65 and older living in the community is 100% of the federal poverty level, or \$1,215.00 a month for a family size of one. The MassHealth representative stated that the appellant's countable income exceeds \$1,215.00 a month and thus she is not financially eligible for MassHealth Standard. The MassHealth representative stated that the appellant is eligible for the MassHealth Medicare Savings Plan (MSP)/Buy In program under which MassHealth pays her monthly Medicare premium.

The MassHealth representative noted that MassHealth calculated a 6 month deductible of \$4,224.00. (Exhibit 1). The deductible must be met every 6 months before eligibility for MassHealth could be established. (Exhibit 1).

The MassHealth representative stated that the appellant could apply for a Frail Elder Waiver through her local elder services agency if she needs assistance in the home. The MassHealth representative stated that the appellant was disabled prior to turning 65 and, if she was able to work at least 10 hours a week, she could be eligible for CommonHealth for disabled working adults.

The appellant stated that she did not understand the letter she received and was given different information from 3 different people she spoke to on the phone. The appellant stated that she was advised to file an appeal. The appellant stated that she spoke with the MassHealth representative the day prior to the hearing and learned that she was only \$11.00 over the income limit for MassHealth Standard. The appellant stated that CommonHealth was not an option, because she doesn't know anyone she could work for. The appellant noted that she does not need assistance in the home at this time, but would contact her local elder services agency to inquire about an evaluation for the Frail Elder Waiver.

Findings of Fact

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

1. The appellant is over age 65 and lives in a one person household in the community.
2. 100% of the federal poverty level is \$1,215.00 a month for a family size of one.
3. The appellant receives gross monthly Social Security income of \$1,246.00.
4. The appellant has Medicare coverage and is approved for the MassHealth Medicare Savings Plan/Buy In program.

Analysis and Conclusions of Law

The regulations at 130 CMR 515.000 through 520.000 provide the requirements for MassHealth eligibility for persons age 65 and older. (130 CMR 515.002). A non-institutionalized person age 65 and older may establish eligibility for MassHealth Standard coverage if the countable income is less than or equal to 100% of the federal poverty level. (130 CMR 519.005). 100% of the federal poverty level for a family of one is \$1,215.00 per month. The appellant's gross unearned income totals \$1,246.00 per month. After allowing the \$20.00 deduction for unearned income, the appellant's countable unearned income is \$1,226.00. This amount exceeds 100% of the federal poverty level for a family of one. The appellant is not financially eligible for MassHealth Standard at this time.

The appellant must meet a six month deductible before MassHealth eligibility can be determined. (130 CMR 520.028). The appellant's countable income for the deductible calculation is \$1,226.00. The MassHealth Income Standard applicable to an individual age 65 or older residing in the community is \$522.00 per month for a household of one. (130 CMR 520.030). The deductible is the total dollar amount of incurred medical expenses that an individual is responsible for before MassHealth eligibility is established. (130 CMR 520.031). The deductible period is 6 months and the deductible is determined by multiplying the excess monthly income by 6. (130 CMR 520.029, 520.030). The excess monthly income is the amount by which the appellant's countable income exceeds the MassHealth Income Standard. (130 CMR 520.030). In the present case, the appellant's countable income of \$1,226.00, as calculated above, exceeds the MassHealth income standard of \$522.00 by \$704.00. This amount is multiplied by 6 to determine the 6 month deductible of \$4,224.00. (Exhibit 1, p. 2).

Accordingly, the appellant is responsible for \$4,224.00 of incurred medical expenses for the 6 month deductible period of April 1, 2023 to October 1, 2023 before eligibility for MassHealth Standard can be established. MassHealth's action is upheld and the appeal is denied.

Order for MassHealth

Remove aid pending and proceed with the action set forth in the notice dated April 27, 2023.

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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center