

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306557
Decision Date:	9/12/2023	Hearing Date:	08/24/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se; [REDACTED], Appeal
Representative, Daughter

Appearance for MassHealth:
Via telephone
Anna Martinez



*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:	Eligibility; Over-Income; Over 65
Decision Date:	09/12/2023	Hearing Date:	08/24/2023
MassHealth's Rep.:	Anna Martinez	Appellant's Rep.:	<i>Pro se</i> ; Daughter
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (Remote)	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 July 26, 2023, MassHealth denied the Appellant's application for MassHealth benefits because it determined that she had more countable income than MassHealth Standard or Limited benefits allow. (See, Exhibit 1; 130 CMR 520.002, 520.0028.) The Appellant filed this timely appeal on August 1, 2023. (See, Exhibit 2; 130 CMR 610.015(B)). Denial of assistance is valid grounds for appeal. (See, 130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the Appellant's application for MassHealth benefits and calculated a six-month deductible based upon the Appellant's verified income.

Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's application for MassHealth benefits because she was over the income limits.

Summary of Evidence

The MassHealth representative appeared at the hearing via telephone and testified as follows: Upon receipt of the Appellant's senior application on April 21, 2023, which was processed on April 24, 2023, MassHealth determined that the Appellant is a household of 1 and she was denied benefits because her social security income (gross amount) is \$ 2,266.90. The MassHealth representative explained that to be eligible as a household of 1, a member's income cannot exceed \$ 1,215.00 per month. While the Appellant is under the asset guidelines, her social security income exceeds the income guidelines. The MassHealth representative explained that the Appellant was referred to the Health Safety Net with a deductible.

The Appellant and her representative both appeared at the hearing telephonically. The Appellant's representative testified that she was flabbergasted that her mother is not eligible to receive MassHealth benefits. She explained that the Appellant does not receive a lot of money and disputed the amount that the Appellant receives in social security income. The Appellant and her representative both testified that the Appellant receives \$ 2,106.00 per month.

In response, the MassHealth representative explained that MassHealth regulations are based upon the gross amount of income. She testified that for social security purposes, the MassHealth computer system is connected to the social security system. For the Appellant, the gross amount of income per month is reported as \$ 2,266.90 which was updated on August 18, 2023.

The Appellant's representative expressed her frustration that the Appellant was denied for MassHealth benefits. She testified that the Appellant worked her entire life and currently needs help. The Appellant's representative further testified that the Appellant applied for food stamps and only received \$ 23.00 per month. Upon inquiry made regarding whether the Appellant currently receives Personal Care Attendant (PCA) services, the Appellant's representative explained that she takes care of the Appellant and had to quit working to do so. She further explained that she is trying to get paid to take care of the Appellant. Further, the Appellant has many prescription costs and because everything that goes through MassHealth is denied, she feels that she must take care of the Appellant and struggle. In response to further inquiry made at the hearing, the Appellant's representative responded that neither she nor the Appellant contacted Health Safety Net yet, because it is unclear to both what the Health Safety Net entails and how the Appellant received it.

The MassHealth representative explained that Health Safety Net representatives can be reached at 1-877-910-2100. As to assistance with the Appellant's prescriptions, the MassHealth representative suggested that the Appellant contact Medicare and make inquiry. The Appellant's representative testified that her mother currently receives Medicare. The MassHealth representative explained that MassHealth is not counted as primary health insurance, though Medicare is considered as

such. Further, in response to inquiry made, the MassHealth representative explained that there are certain health care community centers that have pharmacies located within. So long as the Appellant is a current patient at the community center, she would have the option of being seen there and obtaining prescriptions. In response, the Appellant's representative explained that the Appellant is not currently a patient at a community health center, nor can she change her primary physician.

Findings of Fact

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

1. The Appellant is over the age of 65. (Exhibit 3).
2. On or about July 26, 2023, MassHealth notified the Appellant that she does not qualify for MassHealth benefits because she has more countable income than MassHealth Standard or Limited benefits allow. (Testimony; Exhibit 1).
3. The Appellant timely appealed on August 1, 2023. (Exhibit 2).
4. The Appellant's income was calculated at \$ 2,266.90 per month, less a \$ 20.00 unearned income disregard, for a total of \$ 2,246.00 per month. (Exhibit 1, p. 3).
5. The Appellant is a household of 1. (Exhibit 1, p. 3).
6. The monthly 100% of the Federal Poverty Level (FPL) limit for a household of 1 is \$ 1215.00. (Testimony).
7. MassHealth calculated a six-month deductible period based upon the Appellant's income. (Testimony; Exhibit 1, p. 1).
8. The Appellant is eligible for Health Safety Net coverage. (Testimony; Exhibit 1, p. 2).

Analysis and Conclusions of Law

Pursuant to 130 CMR 520.002: Financial Responsibility, in the determination of eligibility for MassHealth, the total countable income amount and countable assets of the individual and the spouse who are living together are compared to an income standard and asset limit, unless one spouse is covered by MassHealth under a home-and-community-based service waiver, as described in 130 CMR 519.007(B): *Home-and Community-based Services Waiver-Frail Elder*.

(130 CMR 520.002(A)(1)).

In accordance with 130 CMR 519.005: Community Residents 65 Years of Age or 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% 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.

(130 CMR 519.005(A)).

In the present case, the Appellant is over the age of 65. (See, Exhibit 3). There was no dispute that the Appellant is under the asset guidelines, so the question remains whether the Appellant's countable income limit is less than or equal to 100% of the Federal Poverty Level (hereinafter "FPL"). (See, 130 CMR 519.005(A)(1)).

Here, the Appellant comprises a household of 1, with a countable income calculated at \$ 2,266.90 per month, less a \$ 20.00 unearned income disregard, for a total of \$ 2,246.00 per month. (See, Exhibit 1, p. 3). The monthly FPL limit for a household of 1 is \$ 1215.00.¹ Thus, the Appellant's income exceeds the FPL to receive MassHealth benefits.

With respect to the Appellant's deductible, 130 CMR 520.028: Eligibility for a Deductible, states as follows: The following individuals may establish eligibility by meeting a deductible:

- (A) former SSI recipients who are not eligible under the Pickle Amendment;
- (B) community-based individuals whose countable-income amount exceeds the 100% federal poverty level income standards;
- (C) long-term care facility residents whose income, after general deductions described in 130 CMR 520.026, exceeds the public rate in a long-term care facility;
- (D) disabled adult children whose income exceeds the standards set forth in 130 CMR 519.004(A): Eligibility Requirements; and
- (E) persons who are eligible for an increased disregard as described at 130 CMR 520.013(B).

¹ See, <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines>.

(130 CMR 520.028).²

As stated above, because the Appellant's income is over the guidelines, unfortunately she does not qualify for MassHealth benefits. Therefore, MassHealth was correct in determining that the Appellant has more countable income than MassHealth benefits allow. As such, this appeal is denied.³

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

Appellant's Representative: Brenda Hilton, 24 Floyd Street # 2, Lowell, MA 01852

² Should the Appellant opt to meet her deductible amount, she may be able to receive benefits by sending MassHealth bills for medical services that she received before or during the deductible period. (See, Exhibit 1, p. 1).

³ This denial does not preclude the Appellant from contacting the Health Safety Net regarding potential coverage if she so chooses, at 1-877-910-2100.