

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307714
Decision Date:	10/10/2023	Hearing Date:	10/05/2023
Hearing Officer:	Marc Tonaszuck		

Appearances for Appellant:



Appearances for MassHealth:

Shauna Post, Springfield Ongoing Unit with
Susan Decker, Manager, Springfield MEC

Interpreter:



*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 65
Decision Date:	10/10/2023	Hearing Date:	10/05/2023
MassHealth's Rep.:	Shauna Post, Springfield Ongoing Unit with Susan Decker, Manager, Springfield MEC	Appellant's Rep.:	Pro se with Nephew
Hearing Location:	Springfield 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 08/22/2023, MassHealth informed the appellant that it decided she was eligible for Senior Buy-In benefits, but not eligible for MassHealth Standard benefits because she had more countable income than MassHealth benefits allow (see 130 CMR 519.002, 519.010 and Exhibit 1). MassHealth also calculated a six-month deductible of \$5,550.00 for the appellant to receive MassHealth Standard benefits with a deductible period from 08/22/2023 to 03/01/2024 (see 130 CMR 520.002, 520.023 and Exhibit 1). The appellant filed this appeal in a timely manner on 08/30/2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth Standard benefits because her income was over program asset limit. MassHealth also MassHealth also calculated a six-month deductible of

\$5,550.00 for the appellant to receive MassHealth Standard benefits with a deductible period from 08/22/2023 to 03/01/2024.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth Standard benefits because her income exceeds the program asset limits.

Summary of Evidence

A fair hearing was held telephonically on 10/05/2023 (Exhibit 3). MassHealth was represented by two employees from the Springfield MassHealth Enrollment Center. The appellant appeared at the fair hearing with her adult nephew. They were assisted by a Polish-language interpreter. Documents were submitted into evidence (Exhibits 1 – 4).

The MassHealth representative testified that the appellant is over 65 years of age, and her gross income is \$1467.90¹ per month from social security. The appellant's income is over 100% of the federal poverty level (\$1,215.00 for a family group of one as of 03/2023). As a result, the appellant is not eligible for MassHealth Standard benefits. Although the appellant's income is over the limit for her to receive MassHealth Standard benefits, she can establish eligibility for MassHealth Standard benefits by meeting a deductible to with medical bills showing she has incurred or paid, totaling \$5,550.00 for the deductible period of 08/22/2023 to 03/01/2024. The representative explained how the deductible was calculated and how certain medical bills could be submitted to meet this deductible.

The appellant and her adult nephew confirmed the appellant's age, income and household size. They also testified that the appellant is frail and has submitted an application for a Frail Elder Waiver, but they are waiting for it to be processed by [REDACTED] Elder Services. Although the appellant stated she understood her income exceeded the program limits for her to receive MassHealth Standard benefits, she stated that she needs help following treatment for two different cancers and a recent stroke. The nephew and his family care for the appellant. She needs assistance with bathing, shopping, cleaning, and cooking. She also has difficulty on stairs. The appellant requested that the hearing officer waive the regulations and approve her for MassHealth Standard benefits despite the fact her income exceeds the limits for that program. The appellant submitted several medical bills that she incurred.²

¹ The MassHealth representative testified that the appellant's income is \$1,468.00; however, it appears that she rounded the income up, since the documentation shows the appellant's income is \$1,467.90.

² The appellant's submitted medical bills total \$1,169.55. All of the medical bills were incurred prior to the deductible period, some as early as 11/2019. The bills were forwarded to MassHealth for processing. MassHealth will inform the appellant as to whether the medical bills can be applied to the deductible (see 130 CMR 520.032).

Findings of Fact

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

1. Appellant is over 65 years of age and lives in the community (Testimony).
2. Appellant's gross monthly income is \$1,467.90 from social security (Testimony).
3. Appellant is a household size of one (Testimony).
4. Through a notice dated 08/22/2023, MassHealth informed the appellant that it decided she was eligible for Senior Buy-In benefits, but not eligible for MassHealth Standard benefits because she had more countable income than MassHealth Standard benefits allow. MassHealth also calculated a six-month deductible of \$5,550.00 for the appellant to receive MassHealth Standard benefits with a deductible period from 08/22/2023 to 03/01/2024 (Exhibit 1).
5. The appellant filed an appeal in a timely manner on 08/30/2023 (Exhibit 2).
6. A fair hearing was held telephonically on 10/05/2023 before the Board of Hearings (Exhibit 3).
7. At the fair hearing, the appellant was assisted by her adult nephew and a Polish-language interpreter.
8. MassHealth was represented at the fair hearing by two employees from the Springfield MassHealth Enrollment Center.
9. Appellant has submitted paid medical bills; however, all were incurred prior to the deductible period (Testimony).
10. 100% of the federal poverty level for a family group of one is \$1,215.00 per month (03/2023).
11. The appellant is eligible for MassHealth Senior Buy-In benefits (Exhibit 1).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 519.005 address MassHealth eligibility requirements for community residents aged 65 and older as follows:

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.

(B) Financial Standards Not Met. Except as provided in 130 CMR 519.005(C), individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004: Asset Reduction, meeting a deductible as described at 130 CMR 520.028: Eligibility for a Deductible through 520.035: Conclusion of the Deductible Process, or both.

130 CMR 520.030: Calculating the Deductible

The deductible is determined by multiplying the excess monthly income by six. Excess monthly income is the amount by which the applicant's countable-income amount as described in 130 CMR 520.009 exceeds the MassHealth deductible-income standard.

MASSHEALTH DEDUCTIBLE-INCOME STANDARDS		
<u>Number of Persons</u>	<u>Monthly-Income Standard for Community Residents</u>	<u>Monthly-Income Standard for Long-Term-Care-Facility Residents</u>
1	\$522.00	\$72.80

The appellant is over 65 years of age and lives in the community and has gross monthly income of \$1,467.90 from Social Security. She is counted as a household size of one for the purposes of MassHealth eligibility since she is not married and has no children under 19 years of age in her household. At the fair hearing, the appellant confirmed her income and household size.

The appellant's gross monthly income exceeds 100% of the federal poverty level for household of one (\$1,215.00 per month as of 03/2023). MassHealth correctly determined that the appellant's income exceeds the program limits for MassHealth Standard benefits and correctly informed her that she is not eligible for MassHealth Standard benefits.

The regulations dictate that when an individual's monthly income is above 100% of the federal poverty limit, that income, less the allowable \$20.00 unearned income disregard, and the MassHealth Income Standard for a household of one (\$1,467.90 - \$20.00 - \$522.00 = \$925.00), is multiplied by six to determine the individual's MassHealth deductible (\$925.00 x 6 = \$5,550.00).

MassHealth correctly determined the appellant was over the asset limit for MassHealth Standard benefits. It also correctly calculated deductible to establish eligibility. To become eligible for MassHealth benefits, the appellant must submit to MassHealth paid or unpaid medical bills incurred during the deductible period (08/22/2023 to 03/01/2024). There is no evidence in the hearing record to show that she has met this deductible amount during the appropriate deductible period.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104