

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400955
Decision Date:	3/18/2024	Hearing Date:	02/15/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sophia Beauport-Lafontante, Charlestown
MassHealth Enrollment Center



*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:	Over 65; Eligibility; Deductible
Decision Date:	3/18/2024	Hearing Date:	02/15/2024
MassHealth's Rep.:	Sophia Beauport-Lafontante	Appellant's Rep.:	Pro se
Hearing Location:	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 January 3, 2024, MassHealth changed the appellant's deductible amount due to a change in his income. *See* 130 CMR 520.030 and Exhibit 1. The appellant filed this appeal in a timely manner on January 19, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Agency determinations regarding scope and amount of assistance are valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth changed the appellant's deductible due to a change in his income.

Issue

The appeal issue is whether MassHealth correctly calculated the appellant's changed deductible.

Summary of Evidence

The appellant is a single adult over the age of 65 who currently receives benefits through the

Medicare Savings Program. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the testimony and evidence provided at hearing.

On January 3, 2024, MassHealth received updated information regarding the appellant's income. That resulted in a change of the calculation of the appellant's deductible he would be required to meet to qualify for MassHealth Standard benefits. At the time of the issuance of the notice, MassHealth determined that the appellant received monthly social security benefits of \$1511.00 and earned income of \$30.66. At hearing, MassHealth reported that the social security amount has increased to \$1559.00. The appellant did not dispute MassHealth's calculation of his income.

Findings of Fact

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

1. The appellant is a single adult over the age of 65 who currently receives benefits through the Medicare Savings Program. Exhibit 4, Testimony.
2. On January 3, 2024, MassHealth received an update to the appellant's income, which resulted in a change in MassHealth's calculation of the monthly deductible the appellant would need to meet to qualify for MassHealth Standard benefits. MassHealth issued a notice on that day reflecting the calculated change. Exhibit 1. Testimony.
3. The appellant filed a timely notice of appeal on January 19, 2024.
4. At the time that the notice issued, the appellant received \$1511.00 in monthly social security benefits and \$30.66 in monthly earned income. Testimony, Exhibit 1.

Analysis and Conclusions of Law

MassHealth administers and is responsible for delivery of healthcare benefits to MassHealth members. See 130 CMR 515.002. Eligibility for MassHealth benefits differs depending on an applicant's age. 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as, and certain Medicare beneficiaries. 130 CMR 515.002(B). As the appellant is over 65 years old, he is subject to the requirements of the provisions of Volume II. 130 CMR 515.002.

130 CMR 519.005(B) provides an avenue for individuals who do not meet the income standards to qualify for comprehensive coverage through MassHealth Standard by meeting a deductible. The deductible process is described at 130 CMR 520.028-035, and essentially states, in relevant

part, that individuals who live in the community and whose income exceeds 100% of the federal poverty level may qualify for benefits if they meet a deductible calculated “by multiplying the excess monthly income by six.” 130 CMR 520.030. Such an individual is only qualified once they have met the deductible, and only remains qualified until the end of the deductible period. *See Id.* at 520.031(B).

To determine an applicant’s income, MassHealth reviews the individual’s gross earned and unearned income, minus certain regulatory disregards. *See generally* 130 CMR 520.009. In relevant part, MassHealth considers countable unearned income to be in the form of “social security benefits, railroad retirement benefits, pensions, annuities, federal veterans’ benefits, rental income, interest, and dividend income.” 130 CMR 520.009(D). Earned income includes “wages, self-employment income, and payment from roomers and boarders.” 130 CMR 520.009(C).

Further, MassHealth allows certain deductions to be made from the total gross unearned income. One such deduction is found at 130 CMR 520.013(B):

in determining eligibility for MassHealth Standard, a deduction that is equivalent to the difference between the applicable MassHealth deductible-income standard at 130 CMR 520.030 and 133% of the federal poverty level. This deduction includes, and is not in addition to, the \$20 disregard.

- (1) This deduction from gross unearned income is allowed only for persons who
 - (a) are 65 years of age and older;
 - (b) are receiving personal-care attendant services paid for by the MassHealth agency, or have been determined by the MassHealth agency, through initial screening or by prior authorization, to be in need of personal-care attendant services; and
 - (c) prior to applying the deduction at 130 CMR 520.013(B), have countable income that is over 100% of the federal poverty level.
- (2) The MassHealth agency will redetermine eligibility without this deduction if
 - (a) after 90 days from the date of the MassHealth agency eligibility approval notice, the person is not receiving personal-care attendant services paid for by the MassHealth agency or has not submitted, upon request from the MassHealth agency, proof of efforts to obtain personal-care attendant services paid for by the MassHealth agency; or
 - (b) the MassHealth agency denies the prior-authorization request for personal-care attendant services.
- (3) If countable income, prior to applying the deduction at 130 CMR 520.013(B), is greater than 133 percent of the federal poverty level, eligibility is determined under 130 CMR 519.005(B): Financial Standards Not Met.

MassHealth also allows a \$65 per month disregard of earned income for individuals who live in the

community. See 130 CMR 520.012(B).

As stated, *supra*, MassHealth calculates the deductible by “multiplying the excess income by six.” 130 CMR 510.030. Excess income is “the amount by which the applicant’s countable-income amount...exceeds the MassHealth deductible income standard,” which for a single individual living in the community is \$522.00. *Id.*

In this case, the appellants’ income reported at hearing is slightly more than what is reported on Exhibit 1. That only impacts the amount of the deductible, not the appellant’s eligibility. MassHealth determined that the appellant earns \$1511.00 in monthly social security benefits, which are considered unearned income (that amount was reported as \$1559.00 at hearing). When applying the \$20.00 disregard for unearned income, MassHealth determined that the appellant’s total monthly unearned income is \$1491.00. The appellant further reported receiving \$30.66 in monthly earned income, which, when the \$65.00 disregard is applied, effectively cancelled out the appellant’s earned income from MassHealth’s deductible calculation. In the end, MassHealth determined that the appellant’s monthly income was \$1491.00. MassHealth then applied the \$522.00 regulatory income standard, leaving an amount of \$969.00. In short, MassHealth correctly applied the regulations in determining the monthly deductible the appellant would need to meet to qualify for MassHealth Standard. I find no error in MassHealth’s issuance of the January 3, 2024, notice.

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center