

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:

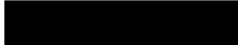


Appeal Decision:	Denied	Appeal Number:	2402485
Decision Date:	3/20/2024	Hearing Date:	03/18/2024
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Alyssa Smalley – Tewksbury Ongoing

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:	Over-65; Community; Eligibility; Assets
Decision Date:	3/20/2024	Hearing Date:	03/18/2024
MassHealth's Rep.:	Alyssa Smalley	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 February 5, 2024, MassHealth denied the appellant's application for MassHealth benefits because the appellant had more countable assets than allowed. (Exhibit 1; 130 CMR 520.003; 520.004.) The appellant filed this appeal in a timely manner on February 16, 2024. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for comprehensive MassHealth coverage because her assets were in excess of the limit for MassHealth Standard.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 519.005 and 520.003, in determining that the appellant's assets were in excess of the allowable limit.

Summary of Evidence

The appellant had been covered by CarePlus benefits through the under-[REDACTED] department until August 2023. This coverage ended with the federal protections for MassHealth benefits that were

in place during the Federal Public Health Emergency for Covid-19 ("FPHE"). The appellant had turned [REDACTED] years old during the FPHE. She applied for over-[REDACTED] benefits on or around October 31, 2023.

The appellant has a household of two with her husband, who is also over the age of [REDACTED]. She verified her household's assets as being \$39,227.76, and the household's income as being about \$2,695 in countable income.¹ Over-65 benefits have an asset limit for a married couple of \$3,000, and the household's income cannot exceed the 100% of federal poverty level. The appellant was \$36,227 over the asset limit, and her income was calculated to be 161% of the federal poverty level.

The appellant was informed that she would be eligible for the Medicare Savings Program for Qualified Medicare Beneficiaries if she agreed to pursue that program instead of seeking comprehensive coverage from MassHealth. She needed to convert her application because her assets were too high to qualify otherwise. She also denied being disabled or requiring physical assistance around her house.

The appellant wanted to discuss this with her husband before deciding. She was informed she could simply call MassHealth back at 800-841-2900 and ask to convert their application to the Medicare Savings Program application; the coverage would pay her Medicare Parts A and B premiums, copays, coinsurance, and deductibles, and may help enroll in the Medicare Extra Help program to deal with her Part D expenses.

Findings of Fact

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

- 1) The appellant is over the age of [REDACTED]. She lives in a household of two with her over-65 spouse. (Testimony by MassHealth's representative.)
- 2) The appellant filed an application for MassHealth coverage on or about October 31, 2023. (Testimony by MassHealth's representative.)
- 3) The appellant verified her household assets as requested, and MassHealth sent out the appealed denial notice based upon the appellant's countable assets of \$39,277.76. (Testimony by MassHealth's representative; Exhibit 1.)

¹ MassHealth's representative testified that the appellant's husband still needed to verify his employment income.

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold. One of the major dividing lines for eligibility is the age of 65. Individuals aged 65 and older are generally governed by the regulations at 130 CMR 515.000-520.000, and those under 65 are typically determined by the regulations at 130 CMR 501.000-506.000. The requirements for receiving MassHealth Standard for individuals over 65 who are living in the community are:

519.005: Community Residents 65 Years of Age and 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 percent 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 519.005(A)-(B) (emphasis in **bold**))

Medicare recipients may qualify for a Medicare Savings Program with income at or below 225% of the federal poverty level. (See 130 CMR 519.010-519.011.) MassHealth refers to these benefits as "Buy-In" benefits, and the amount of assistance provided depends on the member's income. Individuals with income below 190% of the federal poverty level are eligible for the Medicare Savings Program ("MSP") Qualified Medicare Beneficiaries ("QMB"). This benefit pays for "Medicare Part A and Part B premiums and for deductibles and coinsurance under Medicare Parts A and B" (130 CMR 519.010.) However, MassHealth requires applicants to aver that they do not wish to be considered for a comprehensive MassHealth coverage in order to have their eligibility redetermined without reference to their assets.

The appellant did not dispute the financial information that MassHealth used in making its determination. The appellant understood that she could be eligible for an MSP plan but did not want to move forward with it until she could discuss it with her husband.

However, MassHealth made no error denying the appellant's eligibility for MassHealth Standard, therefore 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.

Christopher Jones
Hearing Officer
Board of Hearings

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