

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403682
Decision Date:	5/30/2024	Hearing Date:	4/12/2024
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:



Appearance for MassHealth:

Kelly Souza, 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:	Over 65, eligibility, income
Decision Date:	5/30/2024	Hearing Date:	4/12/2024
MassHealth's Rep.:	Kelly Souza	Appellant's Rep.:	Pro se
Hearing Location:	Taunton (remote)	Aid Pending:	Yes

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

By notice dated March 2, 2024, MassHealth determined that Appellant is no longer eligible for MassHealth Standard but is eligible for MassHealth Medicare Savings Program (a.k.a. Senior Buy-In) because her income exceeded the threshold for MassHealth Standard. Exhibit 1. Appellant filed this appeal in a timely manner on March 11, 2024, and was eligible to retain her previous benefit level pending the outcome of this appeal. 130 CMR 610.015(B); 130 CMR 610.036.Exhibit 2. Any MassHealth decision to suspend, reduce, terminate, or restrict a member's assistance is valid basis for appeal before the Board of Hearings. 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth downgraded Appellant's MassHealth Standard benefits to MassHealth Medicare Savings Program.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant does not qualify for MassHealth Standard due to income.

Summary of Evidence

The following is a summary of the testimonies and evidence provided at the hearing:

MassHealth was represented telephonically by a worker from the Taunton MassHealth Enrollment Center. The MassHealth representative testified that on November 14, 2023, an approval letter for MassHealth Standard was issued after an electronic renewal application. Appellant's MassHealth Standard coverage had been protected throughout the public health emergency related to the Covid-19 pandemic. On March 2, 2024, due to an increase in Appellant's Social Security income and the lifting of the public health emergency protection, Appellant's MassHealth coverage was downgraded from MassHealth Standard to MassHealth Medicare Savings Program (MSP). Appellant has aid pending and is currently on MassHealth Standard. Appellant has been deemed disabled by the Social Security Administration since [REDACTED]. She receives a monthly Social Security check in the amount of \$1,428.00. The MassHealth representative stated that the income limit to receive MassHealth Standard for individuals over [REDACTED] years of age is 100% of the federal poverty level (FPL), or \$1,255.00 a month. The MassHealth representative explained to Appellant how she can apply for Frail Elder Waiver or MassHealth CommonHealth coverage for working disabled adults.

Appellant and the outreach coordinator from the local senior center both participated telephonically at the hearing. Appellant verified her identity and her income. Appellant testified that a representative from the Elder Services clinically approved her for a Frail Elder Waiver after a recent assessment. The outreach coordinator stated that she will submit the supplement for the Frail Elder Waiver to MassHealth immediately.

Findings of Fact

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

1. Appellant is over age [REDACTED] and lives in a household of one.
2. Appellant was previously approved for MassHealth Standard.
3. On March 2, 2024, MassHealth downgraded Appellant's MassHealth Standard coverage to MassHealth Medicare Savings Program due to Appellant's income exceeding the allowed threshold. Exhibit 1.
4. Appellant filed a timely notice of appeal on March 11, 2024 and was eligible to retain her previous benefit level pending the outcome of this appeal. Exhibit 2.
5. Appellant receives Social Security income in the amount of \$1,428.00 per month.

6. In 2024, 100% of the monthly FPL for a household of one was \$1,255.00.

7. Appellant has been determined federally disabled.

Analysis and Conclusions of Law

At the beginning of the COVID-19 public health emergency (PHE), the federal government issued continuous coverage requirements for MassHealth. MassHealth Eligibility Operations Memo (EOM) 20-09; EOM 23-13. Since March 2020, MassHealth put protections in place so that individuals receiving Medicaid would generally not lose their coverage unless they voluntarily withdrew, moved out of state, or passed away. EOM 20-09 and 23-13. These continuous coverage requirements ended on April 1, 2023. EOM 23-13. As of April 2, 2023, MassHealth began to redetermine all members to ensure they still qualify for their current benefits.

The regulations at 130 CMR 515.000 through 522.000 provide the requirements for MassHealth eligibility for persons over age ■. The type of coverage for which a person is eligible is based on the person's and the spouse's income, assets, and immigration status. See 130 CMR 515.003(B).

Per 130 CMR 519.005(A), an individual would meet the requirements of MassHealth Standard coverage if

- (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.

An individual's countable income amount refers to the individual's gross earned and unearned income¹ less certain business expenses and standard income deductions. 130 CMR 520.009. MassHealth allows a \$20 deduction per individual or couple from the member's total gross unearned income. 130 CMR 520.013(A). If an individual exceeds these standards, he or she may establish eligibility by meeting a deductible. 130 CMR 519.005(B).

Here, Appellant's monthly income is \$1,428.00. This exceeds the qualifying limit of 100% for MassHealth Standard. In order to receive MassHealth Standard benefits, Appellant would have to qualify for a special circumstance such as the Frail Elder Waiver, which has an income limit of 300% of the FPL. 130 CMR 519.007(B)(2)(b). There was no supplement for Frail Elder Waiver filed with

¹ Unearned income includes, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, federal veterans' benefits, rental income, interest, and dividend income. 130 CMR 520.009(D).

MassHealth at the time of the hearing. Thus, MassHealth correctly determined that Appellant did not qualify for MassHealth Standard.

For the foregoing reasons, this appeal is denied.

Appellant is encouraged to submit the supplement to apply for Frail Elder Waiver.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616