

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403805
Decision Date:	06/07/2024	Hearing Date:	04/10/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



Appearance for MassHealth:

Nicole Conrad, 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:	Community Eligibility; Over 65
Decision Date:	06/07/2024	Hearing Date:	04/10/2024
MassHealth's Rep.:	Nicole Conrad	Appellant's Rep.:	██████████
Hearing Location:	Taunton MassHealth Enrollment Center (Telephone)	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

Through a notice dated March 3, 2024, MassHealth stated that the Appellant's coverage would change to Senior Buy-In and that the Appellant's MassHealth Standard coverage would end because his income is too high.¹ See 130 CMR 519.002, 130 CMR 519.010, and Exhibit 1. The Appellant filed this appeal in a timely manner on March 12, 2024. 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 found that the Appellant was eligible for Senior Buy-In and that the Appellant no longer qualified for MassHealth Standard because his income is too high. MassHealth calculated that the Appellant had a six-month deductible of \$220 for the period of December 5, 2023 to July 1, 2024.

¹ The notice refers to the Appellant's income or assets, but at the hearing, the MassHealth representative clarified that it is only the Appellant's income that is at issue.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant is not eligible for MassHealth Standard due to his income.

Summary of Evidence

The hearing was held telephonically. The MassHealth representative testified that the Appellant is over the age of 65 and has a household size of one. The MassHealth representative testified that the Appellant's household income is \$1,725/monthly. The MassHealth representative testified that the Appellant receives \$1,523 from Social Security, and \$202 from a pension. The MassHealth representative testified that to qualify for MassHealth Standard, the household income must be 100% or less of the federal poverty level, which equals \$1,255/monthly for a household of one. The MassHealth representative also stated that the Appellant could request a clinical assessment from an elder services organization, to see if the Appellant would qualify for a frail elder waiver under 130 CMR 519.007(B).

The Appellant verified his identity. The Appellant did not dispute his monthly income. The Appellant testified that he did not understand why his coverage would end, because his income had not changed. When he had spoken with a MassHealth representative over the phone, they said that he qualified for MassHealth, and that he had just received a notice in January 2024 that he qualified for MassHealth Standard. The MassHealth representative stated that MassHealth received new income information on March 3, 2024, which caused the downgrade in coverage.

Findings of Fact

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

1. The Appellant is over the age of 65. Testimony and Exhibit 4.
2. The Appellant has a household size of one. Testimony.
3. The Appellant has a monthly household income of \$1,725. Testimony and Exhibit 1.
4. MassHealth calculated that the Appellant has a deductible of \$220. Exhibit 1.

Analysis and Conclusions of Law

In evaluating financial eligibility for MassHealth Standard, the regulations at 130 CMR 519.005 provide:

519.005: Community Residents 65 Years of Age and Older

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C),² 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 519.005(A), (B).

The MassHealth regulations at 130 CMR 501.001 define the federal poverty level as, “income standards issued annually in the *Federal Register* to account for the last calendar year's increase in prices as measured by the Consumer Price Index.” For 2024, the *Federal Register* states that the federal poverty level for a household of two is \$1,255 monthly.

Therefore, because there is no dispute that the Appellant’s household income is \$1,725 monthly, which is greater than 100% of the federal poverty level or \$1,255, the Appellant is not financially eligible for MassHealth Standard, unless he meets the deductible provided for in 130 CMR 519.005(B). 130 CMR 519.005(A)(1). As discussed at the hearing, if an elder services organization evaluates the Appellant and finds him clinically eligible for the frail elder waiver program, he may be financially eligible for MassHealth Standard. 130 CMR 519.007(B). Accordingly, the Appellant is not financially eligible for MassHealth Standard and MassHealth did not err in sending out the March 3, 2024, notice.

The Appellant may establish eligibility by meeting a deductible. 130 CMR 520.028(B). The Appellant’s countable income for the deductible calculation is \$577. Exhibit 1. The MassHealth Income Standard applicable to an individual age 65 or older residing in the community is \$522 per month for a household of one. 130 CMR 520.030. The deductible is the total dollar amount of incurred medical expenses that an individual is responsible for before MassHealth eligibility is

² 130 CMR 519.005(C) details the eligibility requirements for parents or caretaker relatives of a child younger than 19 years old.

established. 130 CMR 520.031. The deductible period is 6 months, and the deductible is determined by multiplying the excess monthly income by 6. 130 CMR 520.029 and 130 CMR 520.030. The excess monthly income is the amount by which the Appellant's countable income exceeds the MassHealth Income Standard. 130 CMR 520.030. In the present case, the Appellant's countable income of \$577 exceeds the MassHealth income standard of \$522 by \$55. MassHealth determined a total deductible for the period of December 5, 2023, to July 1, 2024, of \$220.³ Accordingly, the Appellant is responsible for \$220 of incurred medical expenses for the 6-month deductible period of December 5, 2023, to July 1, 2024, before eligibility for MassHealth Standard can be established.⁴

MassHealth's action is upheld, and the appeal is denied.

Order for MassHealth

None. End Aid Pending.

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.

Emily Sabo
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

³ While not explained by MassHealth, I infer that the reason that the Appellant was charged only \$55 for four months of the deductible period was because the Appellant had been enrolled in MassHealth Standard for two months of the deductible period. No information was presented as to how the continuation of the Appellant's MassHealth Standard during the pendency of the appeal would impact his deductible.

⁴ The MassHealth regulations at 130 CMR 520.032 to 130 CMR 520.035 provide further information including on how to submit bills to meet the deductible.