

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405923
Decision Date:	05/21/2024	Hearing Date:	05/16/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:



Appearance for MassHealth:

Jared Krok, Springfield 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:	Patient Paid Amount
Decision Date:	05/21/2024	Hearing Date:	05/16/2024
MassHealth's Rep.:	Jared Krok	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 March 21, 2024, MassHealth notified Appellant of a \$5,566.33 patient paid amount effective January 1, 2024 (130 CMR 520.026 and Exhibit 1). Appellant filed this appeal in a timely manner on April 12, 2024 (130 CMR 610.015(B) and Exhibit 2). Notice of a patient paid amount due is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified Appellant of a \$5,566.33 patient paid amount effective January 1, 2024.

Issue

The appeal issue is whether, pursuant to 130 CMR 520.026, MassHealth correctly calculated Appellant's patient paid amount due.

Summary of Evidence

The MassHealth representative testified that Appellant was admitted to a skilled nursing facility on [REDACTED] on a short-term basis. The MassHealth representative testified that Appellant's spouse is a resident of the same skilled nursing facility and does not reside in the community. Appellant's 2023 monthly income included Social Security income totaling \$1,327 and a pension totaling \$4,270.13. In 2024, Social Security income increased to \$1,369. The \$4,309.33 patient paid amount was calculated to include a \$1,215 deduction for the maintenance of the former home and \$72.80 personal needs allowance. The MassHealth representative testified that Appellant does not pay additional health insurance premiums, and MassHealth pays Appellant's part B Medicare premium through a Medicare Savings Program. Because 6 months have passed since the date of admission to the nursing facility, MassHealth no longer allowed the deduction for the maintenance of the former home, and issued notice on March 21, 2024 informing Appellant that the patient paid amount increased from \$4,309.33 to \$5,566.33 effective January 1, 2024 (Exhibit 1, p. 5).

Appellant verified that MassHealth correctly recorded his income, and that his spouse is a resident of the same nursing facility. Appellant testified that he was given information by the facility that MassHealth would fully cover his stay at the facility. He added that he would like to return home with his spouse and restart personal care attendant (PCA) services for her. He also testified that he would consider other options offered through the Veterans Administration as he is a disabled veteran and may have other nursing facility options available to him.

Findings of Fact

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

1. Appellant was admitted to a skilled nursing facility on [REDACTED] on a short-term basis.
2. Appellant's spouse is a resident of the same skilled nursing facility and does not reside in the community.
3. Appellant's 2023 monthly income included Social Security income totaling \$1,327 and a pension totaling \$4,270.13.
4. In 2024, Social Security income increased to \$1,369.
5. The \$4,309.33 patient paid amount was calculated to include a \$1,215 deduction for the maintenance of the former home and \$72.80 personal needs allowance.
6. Appellant does not pay additional health insurance premiums, and MassHealth pays

Appellant's part B Medicare premium through a Medicare Savings Program.

7. On March 21, 2024, MassHealth issued notice informing Appellant that his patient paid amount increased from \$4,309.33 to \$5,566.33 effective January 1, 2024.
8. In 2023, 100% of the federal poverty level for one person was \$1,215.

Analysis and Conclusions of Law

The Patient Paid Amount is the amount that a member residing in a long-term-care facility must contribute to the cost of care under the laws of the Commonwealth of Massachusetts (130 CMR 515.001). Regulation 130 CMR 520.026 (A)-(E) outlines long-term care general income deductions that apply in the calculation of the Patient Paid Amount, which are limited to a Personal-Needs Allowance; Spousal-Maintenance Needs Deductions; Deductions for Family-Maintenance Needs, Deductions for the Maintenance of a Former Home, and Deductions for Health-Care Coverage and Other Incurred Expenses.

The issue here turns on 130 CMR 520.026(D): Deductions for Maintenance of a Former Home, which states:

- (1) The MassHealth agency allows a deduction for maintenance of a home when a competent medical authority certifies in writing that a single individual, with no eligible dependents in the home, is likely to return home within six months after the month of admission. **This income deduction terminates at the end of the sixth month after the month of admission** regardless of the prognosis to return home at that time. (emphasis added)
- (2) The amount deducted is the 100 percent federal-poverty-level income standard for one person.

Appellant was admitted to a skilled nursing facility on June 30, 2023 on a short-term basis. Appellant's spouse is a resident of the same skilled nursing facility and does not reside in the community. Appellant's 2023 monthly income included Social Security income totaling \$1,327 and a pension totaling \$4,270.13. The \$4,309.33 patient paid amount included a \$1,215 deduction for the maintenance of the former home and a personal needs allowance of \$72.80. In 2024, Social Security income increased to \$1,369 bringing total monthly income to \$5,639.13. Appellant does not pay additional health insurance premiums, and MassHealth pays Appellant's part B Medicare premium through a Medicare Savings Program. MassHealth correctly ended the deduction for the maintenance of the former home 6 months after the date of admission to the facility, and correctly allowed a deduction from Appellant's income of \$72.80 for a personal needs allowance (PNA). Therefore, effective January 1, 2024, Appellant's PPA was correctly calculated to be \$5,566.33. Accordingly, the 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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186