

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Remand	Appeal Number:	2415305
Decision Date:	11/20/2024	Hearing Date:	November 04, 2024
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se



MassHealth Representative:

Jamie Lapa, Springfield MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Dismissed in part; Remand	Issue:	Eligibility; Over 65; Patient Paid Amount 130 CMR 520.026
Decision Date:	11/20/2024	Hearing Date:	November 04, 2024
MassHealth Rep.:	J. Lapa	Appellant Rep.:	Pro se
Hearing Location:	Springfield		

Authority

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

Jurisdiction

The appellant received a notice dated September 27, 2024, stating: MassHealth will change your Patient Paid Amount from \$869.90 to \$1,043.90 because of a change in circumstances. (Exhibit 1).

The appellant filed this appeal timely on October 07, 2024. (130 CMR 610.015(B); Exhibit 2).

Change in PPA amount is valid grounds for appeal. (130 CMR 520.026).

Action Taken by MassHealth

MassHealth recalculated the appellant's Patient Paid Amount (PPA) from \$869.90 to \$1,043.90.

Issue

Did MassHealth correctly determine the appellant's PPA amount?

Summary of Evidence

MassHealth testified that due to a system issue the appellant's PPA was increased from \$869.90 to \$1,043.90. Prior to the hearing MassHealth discovered the error and fixed the problem. MassHealth stated the appellant has Social Security income of \$801.00 + a pension of \$141.00 for a total of \$942.00. MassHealth deducted the appellant's Personal Needs Allowance (PNA) of \$72.80 resulting in a PPA of \$869.20.

The appellant testified with the aid of an Albanian interpreter that he needs more money for rent, food, and other items. The appellant stated his landlord is charging below market rent for his apartment because he knows he does not have a lot of money and if he raises the rent his wife will not be able to afford to stay in her home. The appellant argued that his wife is in her 70's and still has to work so she can pay the rent and feed him Albanian food because he cannot eat what is served in the facility.

MassHealth responded that the appellant has been in the facility since [REDACTED] 2023 and because his wife is still working and the only household expense he provided was rent, the appellant is not eligible for a Spousal Maintenance Needs Allowance (SMNA). MassHealth stated that, if the appellant is requesting a SMNA, he or his wife must submit verification of any additional expenses so MassHealth can redetermine if the household is eligible for any further deductions.

Regarding the appeal of the September 27, 2024 notice of determination of the appellant's PPA, prior to the fair hearing MassHealth determined the notice of the PPA increase was in error and corrected the mistake reauthorizing the appellant's correct PPA amount of \$869.20. (Testimony).

The Fair Hearing regulation concerning Adjustment Procedures and Mediation is set forth at 130 CMR 610.051. 130 CMR 610.051(B) states, in relevant part, as follows:

MassHealth may make an adjustment in the matters at issue before or during a hearing. If the parties agree that the adjustment resolves one or more of the issues in dispute, the hearing officer, by written order, will dismiss the appeal as to all resolved issues, noting as the reason for such dismissal that the parties have reached agreement.

MassHealth has reversed its September 27, 2024 PPA calculation denial and calculated a correct PPA of \$869.20. The MassHealth adjustment resolves one of the disputed issues in this case. The parties have reached agreement as to the erroneous PPA increase, and therefore this appeal is dismissed in part pursuant to 130 CMR 610.051(B).

At hearing, the appellant raised the issue of his potential eligibility for a SMNA. This appeal is therefore remanded for MassHealth to redetermine if the appellant is eligible for an SMNA

deduction.

Order for MassHealth

Send the appellant a request for all documentation needed to determine his eligibility for an SMNA. Determine the appellant's eligibility for an SMNA.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, MassHealth of Medical Assistance, at the address on the first page of this decision.

Brook Padgett
Hearing Officer
Board of Hearings

cc: Springfield MEC