

Office of Medicaid BOARD OF HEARINGS

Appeal Decision: Denied

Appeal Number: 1810901

Decision Date: 6/22/18

Hearing Date: 06/13/2018

Hearing Officer: Patricia Mullen

Appearance for Appellant:

Appearance for MassHealth:
leasha Pittman



*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:	Financial eligibility
Decision Date:	6/22/18	Hearing Date:	06/13/2018
MassHealth's Rep.:	leasha Pittman	Appellant's Rep.:	
Hearing Location:	Taunton MassHealth Enrollment Center		

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 8, 2018, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeds the limit for MassHealth Standard for persons age 65 and older. (see 130 CMR 520.002; 520.028 and Exhibit 1). The appellant filed this appeal in a timely manner on March 23, 2018. (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 denied the appellant's request for MassHealth Standard.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 520.002; 520.028, in determining that the appellant's income exceeds the limit for MassHealth Standard for persons age 65 and older.

Summary of Evidence

The appellant appeared at the hearing with her daughter. The MassHealth representative stated that the appellant is over age 65 and lives in a one person household. The MassHealth representative stated that the appellant has gross monthly Social Security of \$1,008.00 and a gross monthly pension of \$643.00 for total gross monthly income of \$1,651.00. The MassHealth representative stated that MassHealth regulations allow a \$20.00 deduction from unearned income to determine countable income. The MassHealth representative stated that the appellant's countable income of \$1,631.00 exceeds 100% of the federal poverty level, \$1,012.00 for a family size of one. The MassHealth representative stated further that the appellant's assets exceed \$2,000.00 thus she is not income or asset eligible for MassHealth.

The MassHealth representative stated that the MassHealth notice dated March 8, 2018 sets forth the appellant's 6 month deductible. Pursuant to MassHealth regulations, a 6 month deductible of \$5,610.00 was calculated based on the appellant's income for the period March 1, 2018 to September 1, 2018. (Exhibit 1).

The appellant testified that she has to pay rent, cable, utilities, Medicare premiums, United Health Care premiums, and prescriptions not covered by Medicare and believes these expenses should be taken into account in determining financial eligibility.

The MassHealth representative suggested that the appellant contact her local elder services agency about being evaluated for a Frail Elder Waiver. The MassHealth representative noted that the appellant's assets would still need to be reduced to \$2,000.00 to be considered eligible under a Frail Elder Waiver.

Findings of Fact

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

1. The appellant is over age 65 and lives in a one person household.
2. The appellant receives gross Social Security income of \$1,008.00 a month and a gross pension of \$643.00 a month for total monthly income of \$1,651.00
3. 100% of the federal poverty level is \$1,012.00 a month for a family of one.

Analysis and Conclusions of Law

The regulations at 130 CMR 515.000 through 523.000 provide the requirements for MassHealth eligibility for non-institutionalized persons age 65 and older. See 130 CMR 515.002. A non-institutionalized person age 65 and older may establish eligibility for MassHealth Standard

coverage if the countable income is less than or equal to 100% of the federal poverty level. 130 CMR 519.005. The federal poverty level for a family of one is \$1,012.00 per month. The appellant's gross unearned income is \$1,651.00 per month. After allowing the \$20.00 deduction for unearned income, the appellant's countable unearned income is \$1,631.00. This amount exceeds 100% of the federal poverty level for a family of one and thus the appellant is not financially eligible for MassHealth Standard.

The appellant may establish eligibility by meeting a deductible. See 130 CMR 520.028. The appellant's countable income for the deductible calculation is \$1,631.00. The MassHealth Income Standard applicable to an individual age 65 or older residing in the community is \$522.00 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 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, 520.030). The excess monthly income is the amount by which the appellant's countable income exceeds the MassHealth Income Standard. (130 CMR 520.029). In the present case, the appellant's countable income of \$1,631.00, as calculated above, exceeds the MassHealth income standard of \$522.00 by \$1,109.00. After deducting the appellant's health insurance premiums of \$47.00 for United Health Care and \$127.00 for Medicare, the balance of \$935.00 is multiplied by 6 resulting in a 6 month deductible amount of \$5,610.00.

Accordingly, the appellant is responsible for \$5,610.00 of incurred medical expenses for the 6 month deductible period of March 1, 2018 to September 1, 2018 before eligibility for MassHealth Standard can be established. MassHealth's action is upheld and the appeal is denied.

The appellant was advised to apply for a Frail Elder Waiver through her local elder services agency.

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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment