

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2502661
<b>Decision Date:</b>	3/24/2025	<b>Hearing Date:</b>	03/20/2025
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**

*Via telephone:*



**Appearance for MassHealth:**

*Via telephone:*

Michelle Trainor, Tewksbury 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility; Over 65; Deductible; Over income & assets
<b>Decision Date:</b>	3/24/2025	<b>Hearing Date:</b>	03/20/2025
<b>MassHealth's Rep.:</b>	Michelle Trainor	<b>Appellant's Rep.:</b>	Daughter/POA
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Remote	<b>Aid Pending:</b>	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 January 2, 2025, MassHealth informed the appellant that it made a change to his deductible amount because of a change in his income or an increase in his assets. (Exhibit 1). The notice also stated that the appellant has more countable income than MassHealth Standard or Limited benefits allow. (Exhibit 1). The appellant filed this appeal in a timely manner on February 13, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial and/or modification of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth modified the appellant's deductible and informed him he was over the allowable income limit for MassHealth benefits.

## Issue

The appeal issue is whether MassHealth correctly made a change in his deductible and determined that the appellant is not eligible for MassHealth Standard benefits because he is over the allowable income limit.

## Summary of Evidence

The representatives for MassHealth and the appellant both appeared at hearing via telephone. The MassHealth representative testified as follows: the January 2, 2025 notice under appeal was an auto-generated notice regarding MassHealth community benefits that resulted when the computer system automatically updated the appellant's Social Security income. The appellant's gross income currently on file is \$3,693.33 composed of \$2,234 (2025 Social Security income) and \$1,405.33 (private pension). The income calculation in the January 2 notice, however, used the 2024 Social Security income of \$2179.70, for a total gross monthly income of \$3,585.03. The MassHealth representative explained that for the appellant to qualify for MassHealth community benefits as an adult over the age of 65, his income has to be at or below 100% of the Federal Poverty Level (FPL), or \$1,305 for a household of one, and his assets have to be below \$2,000. His most recently verified assets (as of April 11, 2024) total \$6,638.32 from a bank account (his term life insurance was considered non-countable). MassHealth applied the Personal Care Attendant disregard of \$1,148, but his countable income (\$2,437.03), was still over the allowable limit at 186.7% of the FPL. As such, he is over the allowable income and asset limits for MassHealth Standard benefits in the community. The MassHealth representative explained that the appellant could meet the six-month deductible outlined in the notice to qualify for MassHealth Standard benefits.<sup>1</sup>

The appellant's representative testified that the appellant has been in a long-term care facility since April 2023 and he is paying \$2,639.81 monthly to the facility. She questioned why MassHealth considered his gross income when he only nets \$3,183.01. After paying the facility and his health insurance premiums, he only has \$113 remaining every month. The appellant has Alzheimer's and needs to be in the facility because there is no one else to care for him full-time. She stated she has paid the facility in order to spend down his assets and provided that information to the facility. Additionally, MassHealth did not have the correct amounts for the appellant's health insurance premiums listed in the January 2 notice.

The MassHealth representative noted that there was a long-term care application received on July

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<sup>1</sup> The notice calculated a monthly net deductible of \$1,484. From the total countable income of \$2,437, MassHealth subtracted \$522 (the Massachusetts Income Standard for a household size of one), which resulted in a monthly gross deductible amount of \$1,915. From that, MassHealth subtracted \$246 for health insurance premium amount and \$185 for Medicare self-pay amount to arrive at a monthly net deductible amount of \$1,484 for the months of January 2025 through June 2025.

28, 2023 but the appellant was over the asset limit then and, based on available information, has been over the allowable asset limit since the time of intake. MassHealth never received documentation to show that he was within the allowable asset limit and the long-term care application was denied. It is the appellant's responsibility to submit the necessary documentation to MassHealth. The appellant has never been approved for MassHealth long-term care benefits and the long-term care application is not active. If the appellant is seeking long-term care benefits, he needs to submit a new long-term care application. The MassHealth representative stated that she mailed one to the facility on March 7, 2025 and will mail one to the appellant's representative. As to the health insurance premiums, MassHealth had \$246 for Harvard Pilgrim and \$82.60 for Humana. If these amounts have changed, it is the appellant's responsibility to provide MassHealth with the updated information. She noted that MassHealth considers gross income when calculating income. Additionally, she emphasized that MassHealth has never received any updates regarding his assets, health insurance, or long-term care status and the appellant would need to re-apply for long-term care benefits.

## **Findings of Fact**

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

1. The appellant is over the age of 65 with a household size of one (Testimony and Exhibit 4).
2. The appellant's gross monthly income is currently \$3,693.33 composed of \$2,234 from Social Security (the amount for 2025) and \$1,405.33 from a private pension (Testimony and Exhibit 5).
3. On January 2, 2025, MassHealth issued a notice informing the appellant that his deductible had changed and he has more countable income than MassHealth Standard or MassHealth Limited benefits allow (Testimony and Exhibit 1).
4. The notice used the appellant's 2024 Social Security income of \$2,179.70 plus his private pension of \$1,405.33, which resulted in a total gross monthly income of \$3,585.03. MassHealth applied the PCA disregard of \$1,148 which resulted in countable income of \$2,437. (Exhibits 1 and 5).
5. MassHealth calculated a monthly net deductible amount of \$1,484 for the months of January 2025 through June 2025 (Exhibit 1).
6. Based on the income used in the notice, the appellant's FPL was 186.7%
7. The appellant's most recently verified assets were \$6,638.32 from a bank account (Testimony).

8. To qualify for MassHealth Standard coverage in the community, the appellant's countable income would have to be at or below 100% of the FPL, or \$1,305 gross per month for a household of one, and assets at or below \$2,000 (Testimony).
9. The appellant's representative did not dispute his income, but pointed out that he nets less than the gross figure (Testimony).
10. The appellant is over the allowable income and asset limits for MassHealth community benefits.
11. The appellant is a resident of a nursing facility (Testimony).
12. There is no active long-term care application for the appellant (Testimony).

## Analysis and Conclusions of Law

130 CMR 519.005 states the following for community residents 65 years of age and older:

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

(Emphasis added).

Pursuant to 130 CMR 515.008(A), an "applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth..." Pursuant to 130 CMR 515.008(B), an "applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets... availability of health insurance..."

As explained above, to qualify for MassHealth Standard benefits, the countable income of an individual who is over the age of 65 must be equal to or less than 100% of the Federal Poverty Level which, for a household of one, is \$1,305. The appellant's most recently verified gross monthly income is \$3,693.33 from Social Security and a private pension, which is above the

allowable limit to qualify for MassHealth Standard benefits. Even if the PCA disregard of \$1,148 was applied, his total countable income would be \$2,491.33, far exceeding the allowable limit. At the time of the January 2 notice under appeal, MassHealth calculated the appellant's income using his lower 2024 Social Security income, resulting in total countable income of \$2,437, which still exceeds the income limit. Additionally, his most recently verified assets are \$6,638.32, putting him over the allowable asset limit. It is the appellant's responsibility to report changes and provide the necessary information to establish and maintain eligibility and he has not done so here.<sup>2</sup> As such, MassHealth correctly determined the appellant is over income and assets to qualify for MassHealth community benefits.

According to 130 CMR 520.028, a community-based individual whose income exceeds 100% of the FPL may be eligible for a deductible. The deductible is determined by multiplying the excess monthly income by six. Excess monthly income is the amount by which the appellant's countable income amount exceeds the MassHealth deductible income standard (\$522 for a household of one). 130 CMR 520.030. MassHealth correctly followed the regulations in determining the deductible amount in the January 2, 2025 notice.

For these reasons, the MassHealth determinations in the January 2, 2025 notice under appeal were correct and 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center

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<sup>2</sup> The appellant's representative testified that he is not in the community, but in a nursing facility since 2023. If the appellant wishes to seek MassHealth long-term care benefits, he must submit a long-term care application. There is no open and active long-term care application for the appellant at this time.