

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503445
Decision Date:	5/6/2025	Hearing Date:	03/28/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kiana St. Jean, Tewksbury MEC

Interpreter:
Language Line



*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-Income
Decision Date:	5/6/2025	Hearing Date:	03/28/2025
MassHealth's Rep.:	Kiana St. Jean	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 February 18, 2025, MassHealth notified Appellant that her income exceeds program limits for MassHealth Standard and resulted in a deductible of \$7,320 (130 CMR 519.002 and Exhibit 1). Appellant filed this appeal in a timely manner on February 28, 2025 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified Appellant that her income exceeds program limits for MassHealth Standard and resulted in a deductible of \$7,320.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 519.002, in determining that Appellant's income exceeds program limits for MassHealth Standard and resulted in a deductible of \$7,320.

Summary of Evidence

The MassHealth representative testified that Appellant is a household size of one disabled person over 65 years of age living in a community setting. Appellant had been receiving MassHealth Standard coverage administered by the Social Security Administration which ended on July 23, 2024 when Appellant's SSI ended and SSDI eligibility began. MassHealth received notification from Social Security that Appellant's SSDI income had increased from \$1,720 to \$1,762, in addition to \$43 earned income from a prior application. Appellant's income exceeds 100% of the federal poverty level for a household size of 1 person, \$1,304 per month. MassHealth generated a notice dated February 18, 2025 informing Appellant that her income exceeds program limits for MassHealth Standard coverage and assessed a \$7,320 deductible. The MassHealth representative testified that review of an application dated April 8, 2024 resulted in the removal of \$43 earned income, reducing income to \$1,762 per month. Appellant remains over income for MassHealth Standard but is eligible for CommonHealth if Appellant presents evidence of being employed 40 hours per month. A personal care attendant (PCA) supplement has not been submitted. On October 1, 2024, a Frail Elder Waiver was submitted on Appellant's behalf which was subsequently denied. MassHealth reviewed how the \$7,320 deductible was calculated by MassHealth, and how to meet the deductible. The MassHealth representative also testified that Appellant is enrolled in a Medicare Savings Program effective July 9, 2024 that pays her Medicare premium.

Appellant verified that she receives \$1,762 SSDI income after a divorce and subsequent death of her husband. Appellant also testified that she is not presently working and cannot work due to multiple medical issues. Appellant testified that she does not need PCA services.

Findings of Fact

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

1. Appellant is a household size of one disabled person over 65 years of age and living in a community setting.
2. Appellant had been receiving MassHealth Standard coverage administered by the Social Security Administration, which ended on July 23, 2024 when Appellant's SSI ended and SSDI eligibility began.
3. MassHealth generated a notice dated February 18, 2025 after receiving notification from Social Security that Appellant's SSDI income had increased from \$1,720 to \$1,762 in addition to \$43 earned income from a prior application.
4. 100% of the federal poverty level for a household size of 1 person is \$1,304 per month; and 133% for a household of one person is \$1,735 per month.

5. A personal care attendant (PCA) supplement has not been submitted; and Appellant does not need PCA services.
6. On October 1, 2024, a Frail Elder Waiver was submitted on Appellant's behalf which was denied.
7. Appellant is enrolled in a Medicare Savings Program effective July 9, 2024 that pays her Medicare premium.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 515.000 through 520.000 provide the requirements for MassHealth eligibility for people who are 65 or older (130 CMR 515.002). A non-institutionalized person aged 65 or older may establish eligibility for MassHealth Standard coverage if countable income is less than or equal to 100% of the federal poverty level of \$1,305 per month (130 CMR 519.005). Appellant's gross unearned income totals \$1,762 per month. MassHealth allows a PCA deduction pursuant to 130 CMR 520.013(B) in determining countable income where an over 65 applicant is either "receiving personal-care attendant services paid for by the MassHealth agency, or [has] been determined by the MassHealth agency, through initial screening or by prior authorization, to be in need of personal-care attendant services" (130 CMR 520.013(B)). However, if the applicant's countable income exceeds 133% of the federal poverty level prior to applying the PCA disregard, then eligibility for MassHealth benefits must be established by meeting a six-month deductible as outlined below (130 CMR 520.013(B)(3); 130 CMR 520.028). Here, Appellant indicated she does not require PCA services. Further, Appellant's countable income before accounting for a PCA deduction is \$1,762 per month, which exceeds 133% of the federal poverty level, or \$1,735 a month for a household of one. Accordingly, Appellant is not financially eligible for MassHealth Standard for community residents at this time, notwithstanding the PCA income deduction (130 CMR 520.012(B)(3)).

Therefore, Appellant must meet a six-month deductible before MassHealth eligibility can be established (130 CMR 519.005(B); 130 CMR 520.028). MassHealth subtracted the \$20 unearned income disregard from Appellant's gross unearned monthly income of \$1,762 in addition to the MassHealth Income Standard applicable to an individual aged 65 or older residing in the community which 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 six 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 Appellant's countable income exceeds the MassHealth Income Standard (130 CMR 520.030). In the present case, Appellant's countable income of \$1,762 as calculated above exceeds the MassHealth income standard of \$522 by \$1,220, which is multiplied by 6 to determine the six-month

deductible of \$7,320. (Exhibit 1, p. 3). Accordingly, Appellant is responsible for \$7,320 of incurred medical expenses for the six-month deductible period of October 24, 2024, to May 1, 2025 before eligibility for MassHealth Standard can be established (Exhibit 1). The MassHealth determination is upheld 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.

Thomas J. Goode
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957