

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2504188
<b>Decision Date:</b>	04/25/2025	<b>Hearing Date:</b>	04/18/2025
<b>Hearing Officer:</b>	Sharon Dehmand	<b>Record Open to:</b>	04/25/2025

**Appearance for Appellant:**



**Appearance for MassHealth:**

Kelly Souza, Taunton 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; Income
<b>Decision Date:</b>	04/25/2025	<b>Hearing Date:</b>	04/18/2025
<b>MassHealth’s Rep.:</b>	Kelly Souza	<b>Appellant’s Rep.:</b>	██████
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	Yes

### 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 5, 2025, MassHealth notified the appellant that his coverage would be ending on March 19, 2025, because his income exceeded the allowed threshold for MassHealth benefits. See 130 CMR 519.011(B) and Exhibit 1. The appellant filed this appeal in a timely manner on March 13, 2025. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place to protect the appellant’s benefits. Any MassHealth decision to suspend, reduce, terminate, or restrict a member’s assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

### Action Taken by MassHealth

MassHealth planned to terminate the appellant’s coverage effective on March 19, 2025, because his income exceeded the allowed threshold for MassHealth benefits.

### Issue

Whether MassHealth correctly determined that the appellant’s coverage should end because his income exceeded the allowed threshold for MassHealth benefits. See 130 CMR 519.011(B).

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. The appellant appeared pro se and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is over the age of 65 and lives in a household of one. He has been on Qualified Medicare Beneficiaries (QMB) coverage as part of the Medicaid Savings Program (MSP) since July 1, 2024. On February 25, 2025, the Social Security Administration reported that the appellant's monthly Social Security income had increased to \$2,958.00 per month. The MassHealth representative stated that this amount exceeds the limit for MassHealth Standard. The income limit for MassHealth Standard is \$1,305.00 per month and the income limit for MSP coverage is \$2,934.00 per month for a household of one. See Exhibit 5. The appellant's income exceeds both limits even after the \$20 deduction allowed by MassHealth (\$2,958.00-\$20.00=\$2,938.00). See id.

The appellant confirmed his income and household size. He stated that according to the Massachusetts Senior Action Council, the income limit for MSP coverage is \$2,954.00 per month. As such, he should qualify for MassHealth benefits.

The MassHealth representative responded that she would need to consult with her supervisor. The record was left open to allow MassHealth to review its determination. See Exhibit 6. In an email dated April 22, 2025, the MassHealth representative stated that the appellant "is not eligible for the MSP program. He is over income." See Exhibit 7.

## Findings of Fact

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

1. The appellant is over the age 65 and lives in a household of one. (Testimony and Exhibit 4).
2. The appellant has been on QMB coverage as part of the MSP since July 1, 2024. (Testimony and Exhibit 4).
3. On February 25, 2025, the Social Security Administration reported that the appellant's monthly Social Security income had increased to \$2,958.00 per month. (Testimony).
4. Through a notice dated March 5, 2025, MassHealth notified the appellant that his coverage would be ending on March 19, 2025, because his income exceeded the allowed threshold for MassHealth benefits. (Testimony and Exhibit 1).

5. The appellant filed this appeal in a timely manner on March 13, 2025. (Exhibit 2).
6. An aid pending protection was put in place. (Testimony).
7. After the \$20 deduction allowed by MassHealth, the appellant income equals \$2,938.00 per month. (Testimony).
8. The income limit for MSP coverage is \$2,935.00 per month for a household of one.<sup>1</sup> (Federal Poverty Guidelines).

## Analysis and Conclusions of Law

MassHealth administers and is responsible for delivery of healthcare benefits to MassHealth members. See 130 CMR 515.002. Eligibility for MassHealth benefits differs depending on an applicant's age. Regulations 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, and certain Medicare beneficiaries. See 130 CMR 515.002(B).

Here, the appellant is over the age of 65. As such, the appellant's eligibility for MassHealth benefits will be determined by the requirements set forth in Volume II. See id.

Additionally, the MassHealth agency determines eligibility for the most comprehensive coverage available to the applicant, although the applicant has the right to choose to have eligibility determined only for Medicare Savings Plan (MSP) for Qualified Medicare Beneficiaries (QMB) or MSP for Specified Low Income Medicare Beneficiaries (SLMB) and Qualifying Individuals (QI) coverage. If no choice is made by the applicant, the MassHealth agency determines eligibility for all available coverage types. See 130 CMR 519.001(C).

Per 130 CMR 519.005(A), an individual would meet the requirements of MassHealth Standard coverage if

- (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.

An individual's countable income amount refers to the individual's gross earned and unearned

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<sup>1</sup> According to Federal Poverty Guidelines, 225% of the FPL for a household of one equals \$2,935.00 and not \$2,934.00 as testified to by the MassHealth representative.

income<sup>2</sup> less certain business expenses and standard income deductions. See 130 CMR 520.009. MassHealth allows a \$20 deduction per individual or couple from the member's total gross unearned income. See 130 CMR 520.013(A).

Here, the appellant's uncontested monthly income is \$2,958.00 per month from Social Security. Less the \$20 deduction, the appellant's income equals \$2,938.00. The income limit for MassHealth Standard is \$1,305.00 per month for a household of one as set forth by the Federal Poverty Guidelines. See <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>. Thus, MassHealth correctly concluded that the appellant does not qualify for MassHealth Standard coverage.

Individuals not eligible for MassHealth Standard may still be eligible to have MassHealth pay the individual's Medicare premium if they qualify for an MSP. Effective November 24, 2023, MassHealth offers three MSP coverage types: Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), and Qualifying Individuals (QI). See 130 CMR 519.001; 130 CMR 519.010; 130 CMR 519.011.

In pertinent part, the regulations state that MSP QMB coverage "is available to Medicare beneficiaries who (1) are entitled to hospital benefits under Medicare Part A; (2) have a countable income amount (including the income of the spouse with whom he or she lives) that is less than or equal to 190% of the federal poverty level..." See 130 CMR 519.010(A). MSP SLMB is available to Medicare beneficiaries who "(a) are entitled to hospital benefits under Medicare Part A; (b) have a countable income amount (including the income of the spouse with whom they live) greater than 190% and less than or equal to 210% of the federal poverty level. MassHealth will disregard all assets or resources when determining eligibility for MSP only benefits..." See 130 CMR 519.011(A). MSP QI is available for to Medicare beneficiaries who "(a) are entitled to hospital benefits under Medicare Part A; (b) have a countable income amount (including the income of the spouse with whom he or she lives) that is greater than 210% of the federal poverty level and less than or equal to 225% of the federal poverty level..." See 130 CMR 519.011(B).

In this case, after the \$20 deduction per individual allowed by MassHealth, the appellant's income equals \$2,938.00 per month. See 130 CMR 520.013(A). A Medicare beneficiary such as the appellant qualifies for MSP QI if his countable income amount is greater than 210% of the FPL and less than or equal to 225% of the FPL. See 130 CMR 519.011(B)(b). As such, the income limit for MSP QI is set at \$2,935.00 per month for a household of one. See <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>. The appellant's income is \$2,938.00 per month which exceeds the allowed threshold.

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<sup>2</sup> Unearned income includes, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, federal veterans' benefits, rental income, interest, and dividend income. See 130 CMR 520.009(D).

Lastly, the appellant's contention that he should qualify for MassHealth benefits because the Massachusetts Senior Action Council's mailing states that the income limit for MSP coverage is \$2,954.00 per month is unpersuasive. In accordance with MassHealth regulations, eligibility for benefits is strictly defined and governed by specific criteria as explained supra. Any information presented by this third-party, senior-led organization in their mailings or website is wholly irrelevant to this appeal. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings"). As such, I find that MassHealth correctly determined that the appellant's coverage should end because his income exceeded the allowed threshold for MassHealth benefits. See 130 CMR 519.011(B)(b).

For the foregoing reasons, MassHealth's action is upheld, and the appeal is DENIED.

## **Order for MassHealth**

Remove aid pending protection.

## **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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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616