

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied/Remanded	Appeal Number:	2504481
Decision Date:	6/4/2025	Hearing Date:	04/30/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Alysia Campbell, Springfield 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/Remanded	Issue:	Community Eligibility-Over 65-Income
Decision Date:	6/4/2025	Hearing Date:	04/30/2025
MassHealth's Rep.:	Alysia Campbell	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 March 5, 2025, MassHealth approved Appellant's application for the Medicare Savings Program's QMB benefit only, and informed Appellant of a \$948 deductible to establish eligibility for Standard coverage (130 CMR 519.005, 519.010 and Exhibit 1). Appellant filed this appeal in a timely manner on March 17, 2025 (130 CMR 610.015(B) and Exhibit 2). A determination of the scope of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved Appellant's application for the Medicare Savings Program's QMB benefit only, and informed Appellant of a \$948 deductible to establish eligibility for Standard coverage.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 519.005, 130 CMR 519.010, in approving a Medicare Savings Program's QMB benefit only, and in informing Appellant of a \$948 deductible to establish eligibility for Standard coverage.

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 received MassHealth Standard coverage during the Public Health Emergency (PHE) and Standard coverage terminated on July 2, 2024. Appellant has been enrolled in a Medicare Savings Program since June 2024. Appellant receives Social Security income totaling \$1,893 per month, which equates to 145% of the federal poverty level. Appellant's income exceeds 100% of the federal poverty level for a household size of 1 person, \$1,305 per month. The MassHealth representative testified that Appellant's income exceeds program limits for MassHealth Standard coverage and results in a \$948 deductible. Appellant would be eligible for CommonHealth if Appellant presents evidence of being employed 40 hours per month. A personal care attendant (PCA) supplement was submitted by Appellant; however, income still exceeds program limits for MassHealth Standard. Appellant has not submitted a Frail Elder Waiver application.¹ The MassHealth representative testified that Appellant is enrolled in a Medicare Savings Program effective June 18, 2024 that pays Appellant's Medicare premiums.

Appellant verified that he receives \$1,893 in Social Security income. Appellant testified that he is not presently working. Appellant testified that he should be eligible for Standard coverage because his income is also reduced by rent, car payments, and insurance premiums.

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 living in a community setting.
2. Appellant received MassHealth Standard coverage during the Public Health Emergency (PHE) and Standard coverage terminated on July 2, 2024.
3. Appellant has been enrolled in a Medicare Savings Program since June 2024.
4. Appellant receives Social Security income totaling \$1,893 per month, which equates to 145% of the federal poverty level.
5. 100% of the federal poverty level for a household size of 1 person is \$1,305 per month.
6. 133% of the federal poverty level for a household size of 1 person is \$1,735 per month.

¹ For information about Frail Elder Waiver eligibility, Appellant can contact Elder Services of Worcester at 508-756-1545.

7. A personal care attendant (PCA) supplement was submitted by Appellant.
8. Appellant has not submitted a Frail Elder Waiver application.
9. Appellant is enrolled in a Medicare Savings Program, effective June 18, 2024, that pays Appellant's Medicare premiums.

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, which is \$1,305 per month (130 CMR 519.005). Appellant's gross unearned Social Security income totals \$1,893 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 (130 CMR 520.013(B)(3); 130 CMR 520.028). Here, MassHealth testified that Appellant submitted a PCA supplement; however, Appellant's countable income before accounting for a PCA deduction is \$1,893 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, notwithstanding the PCA income deduction (130 CMR 520.013(B)(3)). Appellant is categorically eligible for CommonHealth, but is not currently employed, and does not meet requirements as a Working Disabled Adult (130 CMR 519.012).

Appellant must meet a six-month deductible before eligibility for Standard coverage can be established (130 CMR 519.005(B); 130 CMR 520.028). MassHealth testified to a deductible of \$948. The March 5, 2025 notice also states that Appellant must meet a \$948 deductible for the deductible period March 5, 2025 through October 1, 2025 (Exhibit 1, p. 2 of 4). The March 5, 2025 notice also states that a calculation page at the end of the notice shows how income was counted; however, the notice does not provide the required deductible calculations or an outline of how income was counted (See Exhibit 1, pp. 1-4).²

² See 130 CMR 520.031: Notification of Potential Eligibility

(A) The MassHealth agency informs the applicant who has excess monthly income that he or she is currently ineligible for MassHealth Standard, Family Assistance, or Limited but may establish eligibility for a six-month period by meeting the deductible. The MassHealth agency informs the applicant in writing of the following:

Pursuant to 130 CMR 519.010, Medicare Savings Program (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;
- (3) Effective until February 29, 2024, have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare and Medicaid Services. Each calendar year, the allowable asset limits shall be made available on MassHealth's website. Effective March 1, 2024, MassHealth will disregard all assets or resources when determining eligibility for MSP-only benefits; and
- (4) meet the universal requirements of MassHealth benefits in accordance with 130 CMR 503.000 : *Health Care Reform: MassHealth: Universal Eligibility Requirements* or 130 CMR 517.000 : *MassHealth: Universal Eligibility Requirements*, as applicable.

(B) Benefits. The MassHealth agency pays for Medicare Part A and Part B premiums and for deductibles and coinsurance under Medicare Parts A and B for members who establish eligibility for MSP coverage in accordance with 130 CMR 519.010(A).

(C) Begin Date. The begin date for MSP coverage is the first day of the calendar month following the date of the MassHealth eligibility determination.

MassHealth correctly determined that Appellant, who is a Medicare beneficiary and has income below 190% of the federal poverty level, is eligible for a Medicare Savings Program with QMB benefits as described above. The MassHealth determination by notice dated March 5, 2025 is correct in that Appellant is not eligible for MassHealth coverage other than the MSP Program with QMB benefits, and the appeal is therefore DENIED. The matter is REMANDED to MassHealth to issue a new eligibility notice that includes required deductible calculations.

Order for MassHealth

None, other than issue new notice of eligibility with required deductible calculations.

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- (1) the deductible amount and the method of calculation;
 - (2) the start and end dates of the deductible period;
 - (3) the procedures for submitting medical bills;
 - (4) his or her responsibility to report all changes in circumstances that may affect eligibility or the deductible amount; and
 - (5) that the bills submitted to meet the deductible are the responsibility of the individual and cannot be submitted for MassHealth agency payment.

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, at the address on the first page of this decision.

Thomas J. Goode
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104