

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504787
Decision Date:	5/28/2025	Hearing Date:	04/30/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearance for MassHealth:

Iria Saracevic



*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:	Long Term Care – Patient Paid Amount (PPA)
Decision Date:	5/28/2025	Hearing Date:	04/30/2025
MassHealth’s Rep.:	Iria Saracevic	Appellant’s Rep.:	POA
Hearing Location:	Charlestown MassHealth Enrollment Center	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 02/20/2025, MassHealth informed the appellant that would change her monthly patient paid amount (PPA) from \$1,459.20 to \$2,778.20 on 03/01/2025 (130 CMR 520.025, 520.026; Exhibit 1). A timely appeal was filed on the appellant’s behalf by her POA¹ (130 CMR 610.015(B); Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth increased the appellant’s PPA from from \$1,459.20 to \$2,778.20 on 03/01/2025.

Issue

Is the appellant eligible for a home maintenance deduction (HMND) from her monthly PPA?

¹ See Exhibit 4.

Summary of Evidence

The MassHealth representative testified that the appellant was approved for and was receiving MassHealth Long Term Care (LTC) benefits as a resident of a skilled nursing facility. She was admitted to the skilled nursing facility in [REDACTED] and she continues to reside there. Upon approval of her LTC benefits, MassHealth calculated a monthly patient paid amount (PPA). This is the amount that the skilled nursing home resident is responsible for every month.

According to the information verified by the appellant, she has monthly income of \$2,851.00 from Social Security. MassHealth used the appellant's income as a starting point in calculating the PPA. Using the regulations, MassHealth deducted from the appellant's income a \$72.80 personal needs allowance (PPA). The total of the PPA is the income of \$2,851.00, less the deductions of \$72.80. The PPA is \$2,778.20 on 03/01/2025.

Prior to the February notice, the appellant was approved for LTC benefits; however, her PPA was \$1,459.20. [REDACTED] explained that a home maintenance needs deduction (HMND) was approved for the appellant for six months after her admission to the skilled nursing facility. This is based on information that the appellant was screened as a "short-term admission" and expressed a desire to return to the community. The HMND is set by the regulations at 100% of the federal poverty level (\$1,255.00 as of 03/2024) and is limited to the first six months after admission. [REDACTED] explained that there is no provision in the regulations to extend the HMND.

The appellant's POA appeared at the fair hearing telephonically and he testified that the appellant still maintains an apartment in the community, where her belongings are kept. The POA testified that the appellant is "getting back on her feet," following a massive stroke. Her recovery "is taking longer than expected"; however, she is hopeful that she will return to her apartment. Her income is used to keep up the apartment for when she is discharged from the skilled nursing facility.

Findings of Fact

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

1. The appellant is a resident of a skilled nursing facility, having been admitted in [REDACTED]. [REDACTED] She was previously approved for, and she receives, MassHealth LTC benefits.
2. When the appellant was approved for LTC benefits, MassHealth calculated a PPA of \$1,459.20.

3. The appellant has monthly income of \$2,851.00 from Social Security.
4. The Personal Needs Allowance (PNA) is \$72.80 per month.
5. The appellant received a home maintenance needs deduction (HMND) for six months after her admission.
6. The HMND is equal to 100% of the federal poverty level (\$1,255.00 as of 03/2024).
7. Through a notice dated 02/20/2025, MassHealth informed the appellant that would change her monthly patient paid amount (PPA) from \$1,459.20 to \$2,778.20 on 03/01/2025.
8. MassHealth calculated the PPA by using the appellant's income of \$2,851.00, then deducting the PNA of \$72.80, to arrive at \$2,778.20.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 520.009 address countable income amount for institutionalized individuals. There was no dispute among the parties that the appellant's income from Social Security is \$2,851.00.

When an applicant is admitted to the skilled nursing facility, MassHealth calculates a patient paid amount. MassHealth regulations at 130 CMR 520.0026 address long term care general income deductions as follows:

General income deductions must be taken in the following order: a personal-needs allowance; a spousal-maintenance-needs allowance; a family-maintenance-needs allowance for qualified family members; **a home-maintenance allowance**; and health-care coverage and incurred medical and remedial-care expenses. These deductions are used in determining the monthly patient-paid amount.

Regulations at 130 CMR 520.026(D) address deductions for maintenance of a former home as follows:

(1) The MassHealth agency allows a deduction for maintenance of a home when a competent medical authority certifies in writing that a single individual, with no eligible dependents in the home, is likely to return home within six months after the month of admission. ***This income deduction terminates at the end of the sixth month after the month of admission regardless of the prognosis to return home at that time.***

(2) The amount deducted is the 100 percent federal-poverty-level income standard

for one person.

(Emphasis added.)

The above regulation provides that when a competent medical authority certifies in writing that a single individual, with no eligible dependents in the home, is likely to return home within six months after the month of admission, MassHealth will allow a home maintenance needs deduction equal to 100% of the federal poverty level. MassHealth correctly determined that the appellant was eligible for the HMND for the first six months after her admission [REDACTED]. Her PPA was calculated to be \$1,459.20.

Through a notice dated 02/20/2025, MassHealth informed the appellant that it would change her monthly PPA from \$1,459.20 to \$2,778.20 on 03/01/2025. According to the MassHealth representative this increase of the PPA was because the appellant can no longer receive a HMND after six months from her admission to the skilled nursing facility. The appellant's representative, her POA, testified that the appellant has plans to return to her apartment in the community, and for that reason she must pay to keep up the property. The appellant's representative testified that the appellant cannot afford to pay her community responsibilities without a continuation for the HMND.

MassHealth's increase in the PPA is supported by the regulations. MassHealth's action to increase the PPA to eliminate the HMND is required by the regulations. There was no exception cited by the appellant's representative and I find none in the regulation. Accordingly, the appellant is no longer eligible for the HMND.

MassHealth calculated the PPA using the appellant's income of \$2,851.00, and then subtracting the PNA of \$72.80, to arrive at the total \$2,778.20. Accordingly, MassHealth's determination that she appellant is not eligible for the continued HMND is supported by the regulations and the undisputed facts in the hearing record. This appeal is therefore 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529
Main Street, Suite 1M, Charlestown, MA 02129