

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2509163
<b>Decision Date:</b>	9/05/2025	<b>Hearing Date:</b>	07/25/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearances for Appellant:**




**Appearances for MassHealth:**

Corey Rosinski and Eileen Smith, Charlestown  
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>	Long Term Care; Patient Paid Amount
<b>Decision Date:</b>	9/05/2025	<b>Hearing Date:</b>	07/25/2025
<b>MassHealth's Reps.:</b>	Corey Rosinski; Eileen Smith	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center (Telephone)	<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 May 28, 2025, MassHealth determined that the Appellant qualified for MassHealth Long-Term Care Services in a nursing facility, with a Patient-Paid Amount (PPA) of \$1,843.20/month beginning May 1, 2025. Exhibit 1. The Appellant filed this appeal in a timely manner on June 17, 2025, contending that her stay should be short-term and her PPA should be zero. 130 CMR 610.015(B) and Exhibit 2. Determination of a PPA {assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth found the Appellant eligible for MassHealth Long-Term Care Services in a nursing facility, with a Patient Paid Amount (PPA) of \$1,843.20/month .

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 520.026, in determining that the Appellant owes a monthly PPA of \$1,843.20.

## Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult between the ages of 21-64. The MassHealth representative testified that, according to MassHealth's records, the Appellant was admitted to another nursing facility in June 2024. The MassHealth representative explained that someone's stay is only considered short term for the month of admission, plus six months. The MassHealth representative testified that in order for a "new" short-term stay to start, the individual would need to go home for 30 days. The MassHealth representative testified that the Appellant was discharged from the [REDACTED] on [REDACTED], and admitted to the facility where she is presently staying, [REDACTED], on [REDACTED]. The Appellant's monthly income, the source of which is Social Security, is \$1,916.00. MassHealth deducted \$72.80 for her personal needs allowance to arrive at a PPA of \$1,843.20.

The Appellant verified her identity and was also represented by the Assistant Business Office Manager of the [REDACTED]. The Appellant and her representative testified that her stay is only for short-term rehabilitation and that she needs her income because she will be discharged. The Appellant explained that she needs her income to be able to pay her rent so that she will have a place to live when she is discharged again. The Appellant testified that she did not anticipate falling on March 21, 2025, and having to be admitted to another facility. The Appellant agreed that she had been admitted to the [REDACTED] in [REDACTED] and had been there more than six months. The Appellant did not dispute her monthly income.

## Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64. Testimony and Exhibit 4.
2. The Appellant was admitted to [REDACTED] facility in [REDACTED]. Testimony.
3. The Appellant was discharged from the [REDACTED] facility on [REDACTED]. Testimony.
4. The Appellant was admitted to the [REDACTED] facility on [REDACTED]. Testimony.
5. The Appellant's monthly income is \$1,916.00 consisting of Social Security benefits. Exhibit 1.

6. On May 28, 2025, MassHealth determined that the Appellant was eligible for Long Term Care with a PPA of \$1,843.20. Exhibit 1.
7. On June 17, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.

## Analysis and Conclusions of Law

MassHealth's regulations define a medical institution as a facility public or private "providing acute, chronic, or long-term care, unless otherwise defined within 130 CMR 515.000 through 522.000: *Other Division Programs*. This includes acute inpatient hospitals, licensed nursing facilities, state schools, public or private institutions for mental diseases, freestanding hospices, and chronic-disease and rehabilitation hospitals." 130 CMR 515.001.

An individual is considered institutionalized for MassHealth purposes if he or she is placed in one or more medical institutions where the placement lasts or is expected to last for a continuous period of at least 30 days. 130 CMR 515.001. Members in a long-term-care facility must contribute to the cost of care under the laws of the Commonwealth of Massachusetts; this contribution is referred to as the "patient-paid amount" or PPA. 130 CMR 515.001.

Institutionalized members of MassHealth are not subject to a countable income limit but are required to pay a portion of their income to the nursing facility (minus specific deductions set forth in 130 CMR 520.026). 130 CMR 520.009(A)(3).

Pursuant to 130 CMR 520.026, the following applies for long-term care general income deductions:

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 . . . .

(D) Deductions for Maintenance of a Former Home.

(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% federal poverty level income standard for one person.

130 CMR 520.026(D).

The personal-needs allowance, \$72.80 per month, is set by regulation. 130 CMR 520.025. The Appellant did not dispute MassHealth's determination of her countable income. As quoted above, the regulation states that the home maintenance deduction "terminates at the end of the sixth month after the month of admission." Based on the testimony at hearing, the Appellant was admitted to the [REDACTED] in [REDACTED] and she resided there for more than six months. MassHealth did not err when it did not include "the maintenance of a former home deduction" in the calculation of the Appellant's PPA as the regulation states that it terminates "at the end of the sixth month after the month of admission regardless of the prognosis to return home at that time." 130 CMR 520.026(D)(1). I am sorry for the Appellant's circumstances, and certainly understand her desire to have a home to return to upon discharge. However, MassHealth correctly determined the Appellant's monthly PPA of \$1,843.20 (\$1,916.00 less \$72.80), effective May 1, 2025, 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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Emily Sabo  
Hearing Officer  
Board of Hearings

cc:

[REDACTED]

[REDACTED]

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