

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2510023
<b>Decision Date:</b>	8/27/2025	<b>Hearing Date:</b>	08/04/2025
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Nivdarla Anselme, Quincy MassHealth  
Enrollment Center



*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>	8/27/2025	<b>Hearing Date:</b>	08/04/2025
<b>MassHealth's Rep.:</b>	Nivdarla Anselme	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy Harbor South	<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 16, 2025, MassHealth downgraded the appellant's benefits from MassHealth Standard to the Medicare Savings Plan as a Qualified Medicare Beneficiary (MSP-QMB). *See* 130 CMR 519.002 and Exhibit 1. The appellant filed this appeal in a timely manner on July 7, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Agency action related to scope and amount of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth downgraded the appellant's benefits and terminated his MassHealth Standard coverage.

### Issue

The appeal issue is whether MassHealth properly downgraded the appellant's benefits from MassHealth Standard to the MSP-QMB.

## Summary of Evidence

The appellant is an adult over the age of [REDACTED] who resides in the community in a household of one. He was represented at the hearing by an attorney, who is also his court-appointed guardian and appeared in-person. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center (MEC) who appeared by video conference. The following is a summary of the testimony and evidence provided at the hearing:

Prior to the notice on appeal, the appellant was active on MassHealth Standard because he previously met his deductible to be eligible for a six-month period. At the end of his deductible period, on May 16, 2025, MassHealth issued a notice downgrading the appellant's benefits to the Medicare Savings Plan as a Qualified Medicare Beneficiary (MSP-QMB) and imposed a deductible of \$836.00 per month from June-November 2025.

MassHealth verified that the appellant receives \$1,378.00 in monthly Social Security benefits. The \$20.00 income disregard was then applied, and the appellant was deemed to have a countable monthly income of \$1,358.00. This amounts to approximately 104.13% of the federal poverty level. In calculating the deductible, MassHealth took the appellant's countable income and subtracted the monthly income standard of \$522.00 to get a monthly deductible of \$836.00.

The appellant's representative agreed with the calculation of the appellant's income. He reported that the appellant is not physically frail and does not require PCA services, but that he receives medication that is not completely covered by Medicare and needs significant dental work. The appellant's representative was given information related to the Health Safety Net, which may help offset the cost of the appellant's dental work.

## Findings of Fact

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

1. The appellant is a single adult over the age of [REDACTED] Exhibit 4, Testimony.
2. Prior to the notice at issue, the appellant established MassHealth Standard eligibility by meeting a deductible for a period of six months. Testimony. When that period ended on May 16, 2025, MassHealth sent a notice downgrading the appellant's benefits to the Medicare Savings Plan as a Qualified Medicare Beneficiary. Exhibit 1, Testimony. That notice also imposed a deductible of \$836.00 per month from June-November 2025. Exhibit 1.
3. The appellant filed a timely notice of appeal on July 7, 2025.
4. The appellant receives \$1,378.00 in monthly Social Security benefits. Testimony, Exhibit 1.

## 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. 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged ■ or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as, and certain Medicare beneficiaries. 130 CMR 515.002(B). As the appellant is over ■ he is subject to the requirements of the provisions of Volume II. 130 CMR 515.002.

To determine a senior's eligibility for MassHealth Standard, the total countable-income amount and countable assets of the individual are compared to an income standard and asset limit. An individual who is eligible for Medicare Parts A and B must possess an income that is "less than or equal to 100% of the federal poverty level." 130 CMR 519.002(A)(4)(c). Meanwhile, an individual may qualify for the MSP-QMB if they have "countable income...that is less than or equal to 190% of the federal poverty level." 130 CMR 519.010(A)(2). The current MassHealth federal poverty level standards can be found on its website, and 100% of the federal poverty level for a household of one is \$1,305.00 in monthly income based on 2025 Income Standards.<sup>1</sup> By those same standards, 190% of the federal poverty level for a household of one is \$2,478.00 per month.

In calculating the income of a senior applicant, MassHealth applies the following relevant regulations:

(A) Overview.

- (1) An individual's and the spouse's gross earned and unearned income less certain business expenses and standard income deductions is referred to as the countable-income amount. In determining gross monthly income, the MassHealth agency multiplies the average weekly income by 4.333 unless the income is monthly.
- (2) For community residents, the countable-income amount is compared to the applicable income standard to determine the individual's financial eligibility.
- (3) For institutionalized individuals, specific deductions described in 130 CMR 520.026 are applied against the individual's countable-income amount to determine the patient-paid amount.
- (4) The types of income that are considered in the determination of eligibility are described in 130 CMR 520.009, 520.018, 520.019, and 520.021 through 520.024. These include income to which the applicant, member, or spouse would

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<sup>1</sup> <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>

be entitled whether or not actually received when failure to receive such income results from the action or inaction of the applicant, member, spouse, or person acting on his or her behalf. In determining whether or not failure to receive such income is reasonably considered to result from such action or inaction, the MassHealth agency will consider the specific circumstances involved.

(B) MassHealth Income Standards. Generally, financial eligibility is based on a percentage of the federal poverty level. The monthly federal poverty level standards are determined according to annual standards published in the Federal Register. The MassHealth agency adjusts these standards annually using the following formula.

- (1) Divide the annual federal poverty level income standard as it appears in the Federal Register by 12.
- (2) Multiply the unrounded monthly income standard by the applicable federal poverty level percentage.
- (3) Round up to the next whole dollar to arrive at the monthly income standards.

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(D) Unearned Income. Income that does not directly result from an individual's own labor or services is unearned. 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...

130 CMR 520.009. The current standard unearned-income deduction for an individual or married couple is \$20 per month. *See Id.* at 520.513(A). The deductible process is described at 130 CMR 520.028-035, and essentially states, in relevant part, that individuals who live in the community and whose income exceeds 100% of the federal poverty level may qualify for benefits if they meet a deductible calculated "by multiplying the excess monthly income by six." 130 CMR 520.030. Such an individual is only qualified once they have met the deductible, and only remains qualified until the end of the deductible period. *See Id.* at 520.031(B). Excess income is "the amount by which the applicant's countable-income amount...exceeds the MassHealth deductible income standard," which for a single individual living in the community is \$522.00. *Id.* Medicare premiums are "credited prospectively for the cost of six months' coverage" and are applied to meet the deductible. *Id.* at 520.032(B)(1).

An appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon "evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency's interpretation of its rules, policies and regulations."

In this case, MassHealth verified, and the appellant agreed, that the appellant receives \$1,378.00

in total Social Security income. Even when subtracting the \$20.00 monthly disregard, that amount exceeds 100% of the federal poverty level for a household of one, but is less than 190%, based on 2025 income standards. In determining the deductible, MassHealth then deducted the \$522.00 regulatory income standard, leaving an amount of \$836.00, which was the imposed monthly deductible. Thus, I find that MassHealth did not err in issuing the May 16, 2025 notice downgrading the appellant's benefits from MassHealth Standard to the MSP-QMB and imposing a monthly deductible of \$836.00 from June-November 2025.

For the foregoing reasons, the appeal is hereby denied.

The appellant can direct any inquiries concerning the Health Safety Net to 877-910-2100.

## **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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Mariah Burns  
Hearing Officer  
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, Cassandra Moura