

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510398
Decision Date:	10/1/2025	Hearing Date:	08/11/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:



Appearance for MassHealth:

Joanne Weldon, 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

Appeal Decision:	Denied	Issue:	Long-Term Care; Patient Paid Amount
Decision Date:	10/1/2025	Hearing Date:	08/11/2025
MassHealth's Rep.:	Joanne Weldon	Appellant's Rep.:	<i>Pro se</i> ; HCP
Hearing Location:	Board of Hearings, 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 6/24/25, MassHealth approved Appellant's application for MassHealth long-term care (LTC) benefits and determined that she would owe the facility a monthly patient paid amount (PPA) of \$1,313.20. *See* 130 CMR §§ 520.025, 520.026 and Exh. 1. Appellant filed this appeal in a timely manner on 7/14/25. *See* 130 CMR 610.015(B) and Exhibit 2. Challenging the scope of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved Appellant for LTC services and determined that she had a PPA obligation of \$1,313.20 per month, effective 5/1/25.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR §§ 520.025, 520.026 in determining that Appellant owed the facility a monthly PPA of \$1,313.20.

Summary of Evidence

A MassHealth eligibility representative appeared at the hearing and testified as follows: Appellant is a single individual over the age of [REDACTED] and resides in a nursing facility. On 5/28/25, MassHealth received an application from Appellant seeking coverage for long-term care (LTC) services with a requested benefit start date of 5/20/25. See Exh. 5, p. 4. According to her clinical eligibility screen, Appellant was assessed as eligible for short-term nursing facility services. See Exh. 5, p. 5. Through a notice dated 6/24/25, MassHealth approved Appellant for LTC benefits with an effective coverage start date of [REDACTED]. See Exh. 1. The notice informed Appellant that starting [REDACTED] she would owe the facility a patient paid amount (PPA) of \$1,313.20 to help pay for her care. *Id.*

The MassHealth representative testified that Appellant's total countable income, which is comprised of her Social Security income, is \$2,691.00 per month. *Id.* The representative explained that MassHealth determines a member's PPA by deducting any applicable regulatory allowances from their total countable income. In this case, Appellant was entitled to a \$72.80 personal needs allowance (PNA) and a \$1,305.00 home maintenance allowance. MassHealth deducted these amounts from Appellant's total countable income of \$2,691.00, which resulted in the PPA obligation of \$1,313.20. *Id.* The MassHealth representative testified that the home maintenance allowance is a temporary allowance for residents who are coded as short-term, i.e., they are not expected to remain in the facility for longer than 6 months. Because Appellant was coded as short term, she is eligible for this allowance. Because Appellant is not married, she is not eligible for other permissible allowances, such as a community spouse resource allowance (CSRA) or family maintenance allowance. The MassHealth representative noted that Appellant was not previously enrolled in any MassHealth benefit prior to her LTC benefit approval.

Appellant appeared at the hearing and was accompanied by her designated health care proxy (HCP). Appellant asserted that she was appealing MassHealth's determination that she had to pay a PPA amount. She was told that once she qualifies for MassHealth, she should not have to make any further payments for her care. Appellant confirmed that she does receive Social Security income of \$2,691.00 per month; however, disagreed that she should be required to pay for her care now that she had been approved for MassHealth LTC benefits.

Findings of Fact

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

1. Appellant is a single individual over the age of [REDACTED] and resides in a nursing facility.
2. On 5/28/25, MassHealth received an application from Appellant seeking coverage for LTC services with a requested benefit start date of [REDACTED]
3. A clinical eligibility screening assessed Appellant as requiring short term nursing facility services.

4. Through a notice dated 6/24/25, MassHealth approved Appellant for LTC benefits with an effective coverage start date of [REDACTED] and imposed a monthly PPA obligation of \$1,313.20 starting [REDACTED]
5. Appellant receives a total countable income amount of \$2,691.00 per month.
6. MassHealth calculated Appellant's PPA amount of \$1,313.20 by deducting a \$72.80 personal needs allowance and a \$1,305.00 home maintenance allowance from her countable income amount of \$2,691.00.

Analysis and Conclusions of Law

At issue in this appeal is whether MassHealth was correct in determining that Appellant owed a monthly patient paid amount (PPA) of \$1,313.20 to the nursing facility. MassHealth defines the "patient-paid amount" as the amount that a "member in a long-term-care facility must contribute to the cost of care under the laws of the Commonwealth of Massachusetts." 130 CMR 515.00190. Typically, the PPA is comprised of the member's total countable income amount less certain permissible deductions. See 130 CMR 520.009(3); 130 CMR 520.014(B). The process for determining an applicant's PPA is described, in part, as follows:

520.026: 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.

(A) Personal-needs Allowance.

(1) The MassHealth agency deducts \$72.80 for a long-term-care resident's personal needs allowance (PNA).

...

(B) Spousal-maintenance-needs-deduction. If the community spouse's gross income is less than the amount he or she needs to live in the community (minimum-monthly-maintenance-needs allowance, MMMNA) as determined by the MassHealth agency, the MassHealth agency may deduct an amount from the institutionalized spouse's countable-income amount to meet this need. This amount is the spousal-maintenance-needs deduction...

...

(C) Deductions for Family-maintenance Needs.

(1) The MassHealth agency allows a deduction from the income of a long-term-care resident to provide for the maintenance needs of the following family members if they live with the community spouse:¹

...

(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 percent federal-poverty-level income standard for one person.

(E) Deductions for Health-care Coverage and Other Incurred Expenses.

(1) Health-Insurance Premiums or Membership Costs. The MassHealth agency allows a deduction for current health-insurance premiums or membership costs when payments are made directly to an insurer or a managed-care organization.

(2) Incurred Expenses. (a) After the applicant is approved for MassHealth, the MassHealth agency will allow deductions for the applicant's necessary medical and remedial-care expenses. These expenses must not be payable by a third party. These expenses must be for medical or remedial-care services recognized under state law but not covered by MassHealth. (b) These expenses must be within reasonable limits as established by the MassHealth agency. The MassHealth agency considers expenses to be within reasonable limits provided they are 1. not covered by the MassHealth per diem rate paid to the long-term-care facility; and 2. certified by a treating physician or other medical provider as being medically necessary.

...

See 130 CMR 520.026 (emphasis added).

The current home maintenance deduction amount, as described in subsection (D)(2), above, is \$1,305.00 per month. See *2025 MassHealth Income Standards and Federal Poverty Guidelines* (effective 3/1/25).

The evidence indicates that Appellant receives a gross monthly income from Social Security of \$2,691.00. In accordance with 130 CMR 520.026, above, Appellant is entitled to a personal needs allowance of \$72.80, and, based on her status as a short-term resident, a temporary home maintenance allowance of \$1,305.00. There was no evidence presented at hearing to indicate that Appellant, as a single individual with no community spouse, qualifies for any other permissible

¹ The qualifying family members described therein are any minor child of the resident, or a child, parent, or sibling that the resident claims as a dependent for income-tax purposes under the Internal Revenue Code. *Id.*

deduction listed above.² By deducting the standard PNA and home maintenance allowances from Appellant's total countable income, MassHealth correctly imposed a monthly PPA obligation of f\$1,313.20.

It is the Appellant's burden to demonstrate the invalidity of the administrative decision. See *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2007); *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002). Because Appellant failed to demonstrate any error in MassHealth's 6/24/25 eligibility determination and PPA calculation, 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.

Casey Groff
Hearing Officer
Board of Hearings

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

² There was no evidence presented at hearing to indicate that Appellant had any verified health insurance premium costs or incurred medical expenses as described in subsection (E), above, that could be used to further reduce her PPA.