

**Office of Medicaid
BOARD OF HEARINGS**

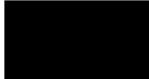
Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2512188
Decision Date:	10/22/2025	Hearing Date:	09/25/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:

Pro se;

 Appeal Representative
Daughter

Appearance for MassHealth:

Alain Michel, Tewksbury 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:	Community Eligibility – over 65; Income
Decision Date:	10/22/2025	Hearing Date:	09/25/2025
MassHealth’s Rep.:	Alain Michel	Appellant’s Rep.:	Pro se; [REDACTED]
Hearing Location:	Remote	Aid Pending:	Yes

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 August 1, 2025, MassHealth downgraded the appellant’s MassHealth Standard coverage to Medicare Savings Program (a.k.a. Senior Buy-In) starting on August 15, 2025, because her income exceeded the allowed threshold for MassHealth Standard. See 130 CMR 520.001 and Exhibit 1. The appellant filed this appeal in a timely manner on August 15, 2025. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place to protect the appellant’s benefits. Any MassHealth decision to suspend, reduce, terminate, or restrict a member’s assistance is a valid ground for appeal before the Board of Hearing. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth downgraded the appellant’s MassHealth Standard coverage to Medicare Savings Program.

Issue

Whether MassHealth was correct in downgrading the appellant's MassHealth Standard coverage to Medicare Savings Program. See 130 CMR 519.005; 130 CMR 519.010; 130 CMR 520.001.

Summary of Evidence

All parties participated virtually. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The appellant who verified her identity appeared with her appeal representative and her daughter. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is over the age of 65 and lives in a household of one. She has been on MassHealth Standard since 2016. On May 12, 2025, MassHealth received a renewal application on behalf of the appellant. On May 13, 2025, MassHealth requested verification of income, which was provided by the appellant on July 19, 2025. The provided verification showed that the appellant now receives \$2,355.00 per month from the Social Security Administration because of the death of her spouse. MassHealth determined that this amount exceeds the limit for MassHealth Standard. The income limit for MassHealth Standard is \$1,305.00 per month for a household of one. On August 1, 2025, MassHealth downgraded the appellant's MassHealth Standard coverage to MSP starting on August 15, 2025, because her income exceeded the threshold for MassHealth Standard.

The appellant's representative confirmed the appellant's household size and income. She added that the appellant is legally blind and disabled. She resides in an assisted living facility designed to help her with her disability and cannot afford to lose her coverage and placement.

The MassHealth representative explained in detail the other potential coverage types available to the appellant. He thoroughly described the circumstances under which the appellant might qualify for MassHealth CommonHealth if she obtained a so-called "working letter." He also explained the Frail Elder Waiver (FEW) program in detail.

The appellant's representative and her daughter stated that they will explore these possibilities immediately.

Findings of Fact

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

1. The appellant is over the age of 65 and lives in a household of one. (Testimony).
2. The appellant has been on MassHealth Standard since 2016. (Testimony and Exhibit 4).

3. On July 19, 2025, the appellant provided verification showing that she now receives \$2,355.00 per month from the Social Security Administration because of the death of her spouse. (Testimony)
4. On August 1, 2025, MassHealth downgraded the appellant's MassHealth Standard coverage to MSP starting on August 15, 2025, because her income exceeded the threshold for MassHealth Standard. (Testimony and Exhibit 1).
5. The appellant filed this appeal in a timely manner on August 15, 2025. (Exhibit 2).
6. An aid pending protection was put in place to protect the appellant's benefits.
7. The income limit for MassHealth Standard is \$1,305.00 per month for a household of one. (Federal Poverty Guidelines).
8. The income limit for MSP QMB is \$2,478.00 per month for a household of one. (Federal Poverty Guidelines).

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. Regulations 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, and certain Medicare beneficiaries. See 130 CMR 515.002(B).

Here, the appellant is over the age of 65. As such, the appellant's eligibility for MassHealth benefits will be determined by the requirements set forth in Volume II. See id.

The type of coverage for which a person is eligible is based on the person's and the spouse's income, assets, and immigration status. See 130 CMR 515.003(B). Pursuant to 130 CMR 519.005(A), a noninstitutionalized individual 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

- (1) the countable-income amount, as defined in 130 CMR 520.009: Countable-income Amount, of the individual or couple is less than or equal to 100 percent of the federal poverty level; and
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

An individual's countable income amount refers to the individual's gross earned and unearned income¹ less certain business expenses and standard income deductions. See 130 CMR 520.009. MassHealth allows a \$20 deduction per individual or couple from the member's total gross unearned income. See 130 CMR 520.013(A).

Here, there is no dispute that the appellant's income is \$2,355.00 per month from Social Security. Less the \$20 deduction, the appellant's income equals \$2,335.00 per month. This amount exceeds the qualifying limit of 100% of the FPL, or \$1,305.00 per month for a household of one as set forth by the Federal Poverty Guidelines. See <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>. Thus, MassHealth correctly concluded that the appellant does not qualify for MassHealth Standard coverage.

Individuals not eligible for MassHealth Standard may still be eligible to have MassHealth pay the individual's Medicare premium if they qualify for an MSP. Effective November 24, 2023, MassHealth offers three MSP coverage types: Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), and Qualifying Individuals (QI). See 130 CMR 519.001; 130 CMR 519.010; 130 CMR 519.011.

In pertinent part, the regulations state that 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..." See 130 CMR 519.010(A). MSP SLMB is available to Medicare beneficiaries who "(a) are entitled to hospital benefits under Medicare Part A; (b) have a countable income amount (including the income of the spouse with whom they live) greater than 190% and less than or equal to 210% of the federal poverty level. MassHealth will disregard all assets or resources when determining eligibility for MSP only benefits..." See 130 CMR 519.011(A). MSP QI is available for to Medicare beneficiaries who "(a) are entitled to hospital benefits under Medicare Part A; (b) have a countable income amount (including the income of the spouse with whom he or she lives) that is greater than 210% of the federal poverty level and less than or equal to 225% of the federal poverty level..." See 130 CMR 519.011(B).

In this case, after the \$20 deduction per individual allowed by MassHealth, the appellant's income equals \$2,335.00 per month. See 130 CMR 520.013(A). A Medicare beneficiary such as the appellant qualifies for MSP QMB if her countable income amount is less than or equal to 190% of the FPL. See 130 CMR 519.010(A)(2). As such, the income limit for MSP QMB is set at \$2,478.00 per month for a household of one. See <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>. The appellant's income is \$2,335.00 per month which qualifies her for MSP QMB coverage.

¹ 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. See 130 CMR 520.009(D).

As such, I find that MassHealth correctly downgraded the appellant's MassHealth Standard coverage to MSP QMB starting on August 15, 2025, because her income exceeded the allowed threshold for MassHealth Standard. See 130 CMR 519.005(A); 130 CMR 519.010(A)(2).

For the forgoing reasons, this appeal is DENIED.


Order for MassHealth

Remove aid pending protection.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings



MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290