

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515654
Decision Date:	12/1/2025	Hearing Date:	11/20/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Pamela Filipe, Taunton 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

Appeal Decision:	Denied	Issue:	Community Eligibility; Over 65; Income
Decision Date:	12/1/2025	Hearing Date:	11/20/2025
MassHealth's Rep.:	Pamela Filipe	Appellant's Rep.:	Pro se
Hearing Location:	Taunton 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 September 26, 2025, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant is over the income and asset limit to qualify. *See* 130 CMR 520.00 and Exhibit 1. The appellant filed this appeal in a timely manner on October 24, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's application for senior community benefits.

Issue

The appeal issue is whether MassHealth correctly calculated the appellant's income in determining that she is not eligible for senior community benefits.

Summary of Evidence

The appellant is an adult over the age of [REDACTED] who resides in a household of two with her spouse. She appeared at the hearing in-person. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center who appeared at the hearing by video conference. The following is a summary of the testimony and evidence provided at the hearing.

Prior to the notice at issue, the appellant submitted several medical bills to MassHealth to put toward the cost of her deductible. This led to the generation of the appealed notice, which determined that the appellant is over the income and asset limit to qualify for MassHealth Standard and the Medicare Savings Program. The notice also calculated a monthly deductible of \$3,343.00 that the appellant would need to meet to qualify for MassHealth Standard. The deductible was calculated by taking the appellant's total monthly income and subtracting 1) the \$20.00 unearned income disregard, 2) the \$650.00 income standard for a household of two, and 3) the \$370.00 Medicare self-pay amount.

The MassHealth representative reported that, after a periodic data match, MassHealth determined that the appellant and her spouse receive a combined total of \$4,383.00 in monthly Social Security benefits, which equals approximately 248% of the federal poverty level. The most recent bank statements that MassHealth has on file for the appellant show a bank account balance of \$23,731.12. Finally, MassHealth determined that the appellant has submitted \$111.00 in medical bills that are countable toward her deductible.

The appellant provided documentation that showed that she and her spouse received \$4,276.33 in combined monthly gross Social Security benefits in 2024. She agreed that she received a cost-of-living adjustment for 2025 but could not recall exactly how much it was. She testified that she has been diagnosed with and receiving treatment for a type of leukemia and has spent approximately \$1,500.00 on treatment this month that she is looking to put toward her MassHealth deductible. She also reported that she no longer has the previously verified funds in her bank account due to an emergency with the roof of her home.

The appellant and the MassHealth representative discussed her options to submit additional applications for other MassHealth benefits. The MassHealth representative provided information relating to a potential application for the Frail Elder Waiver. She also reported that the appellant has been deemed disabled by the Social Security Administration, and she could provide an updated working letter to potentially qualify for MassHealth CommonHealth benefits.

Findings of Fact

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

1. The appellant is an adult over the age of [REDACTED] who resides in a household of two with her spouse. Exhibit 4, testimony.
2. Prior to the notice at issue, the appellant submitted medical bills to be counted toward her MassHealth deductible. Testimony. MassHealth re-ran the appellant's eligibility, and on September 26, 2025, sent a notice stating that the appellant is over the income and asset limit to qualify for benefits. Exhibit 1. MassHealth also imposed a monthly deductible of \$343.00 from September 2025 to February 2026. *Id.*
3. The appellant filed this appeal in a timely manner on October 24, 2025. Exhibit 2.
4. The appellant and her spouse receive a combined total of \$4383.00 in gross monthly Social Security benefits. Testimony.
5. The appellant has acquired not less than \$111.00 but not more than \$1,500.00 in medical bills that could count toward the cost of her deductible. Testimony. That deductible was calculated by taking the appellant's total monthly income and subtracting 1) the \$20.00 unearned income disregard, 2) the \$650.00 income standard for a household of two, and 3) the appellant's \$370.00 Medicare self-pay amount. 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 [REDACTED] 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 [REDACTED] years old, she 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).¹ Meanwhile, a similarly-situated individual may qualify for the Medicare Savings Program (MSP)– Qualified Medicare Beneficiary if they have "countable income...that is less than or

¹ I need not address the appellant's assertion that she is under the asset limit to qualify, because her income prohibits her from eligibility for MassHealth Standard and the Medicare Savings Program even without considering her assets. The appellant is aware that she may provide bank statements to MassHealth at any time to show that she is under the asset limit.

equal to 190% of the federal poverty level.” 130 CMR 519.010(A)(2). Individuals eligible for hospital benefits under Medicare Part A may qualify for the MSP for Specified Low Income Medicare Beneficiaries (SLMB) if their income is between 190% and 210% of the federal poverty level, or for the MSP as a Qualified Individual if their income is between 210% and 225% of the federal poverty level. 130 CMR 519.011(A) and (B).

The current MassHealth federal poverty level standards can be found on its website; 100% of the federal poverty level for a household of two is \$1,763.00 in monthly income based on 2025 Income Standards.² By those same standards, 190% of the federal poverty level for a household of two is \$3,349.00 per month, while 225% is \$3,966.00.

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 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

² <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

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.

....

(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 married couple living in the community is \$650.00. *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 that the appellant and her spouse receive \$4,383.00 in monthly Social Security benefits, which is supported by the documentation provided by the appellant. Even when subtracting the \$20.00 monthly disregard, that amount exceeds 100% of the federal poverty level for a household of two. Additionally, it is greater than 225% of the federal poverty level based on 2025 income standards. Therefore, the appellant has not demonstrated that she is financially eligible for MassHealth Standard or any versions of the Medicare Savings Program.³

In determining the deductible, MassHealth deducted the \$650.00 regulatory income standard and

³ This does not consider any potential application for the Frail Elder Waiver nor for MassHealth CommonHealth benefits.

the appellant's Medicare Self Pay amount of \$370.00 from the appellant's countable income of \$4,363.00. This left an amount of \$3,343.00, which was the imposed monthly deductible. Thus, I find that MassHealth did not err in issuing the May 16, 2025, notice denying the appellant for MassHealth senior community benefits and imposing a monthly deductible of \$3,343.00 from September 2025-February 2026.

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616