

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517875
Decision Date:	01/15/2026	Hearing Date:	01/05/2026
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jonathan Gonzales



*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:	01/15/2026	Hearing Date:	01/05/2026
MassHealth’s Rep.:	Jonathan Gonzales	Appellant’s Rep.:	Pro se
Hearing Location:	Charlestown 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 November 26, 2025, MassHealth notified the appellant that he does not qualify for community-based services because he has more countable income than MassHealth benefits allow. (130 CMR 519.000; 130 CMR 520.000; Exhibit 1). The appellant needs to meet a deductible in the amount of \$18,804 to become eligible for MassHealth Standard. (130 CMR 519.000; Exhibit 1). The appellant filed this appeal in a timely manner on December 3, 2025. (130 CMR 610.015; Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that he does not qualify for community-based services because he has more countable income than MassHealth benefits allow. (130 CMR 519.000; 130 CMR 520.000).

Issue

Whether MassHealth was correct in determining that the appellant is not eligible for community-based services.

Summary of Evidence

The appellant is over 65-years old, in a family group of one and has a gross monthly income of \$3,676 from benefits received from the Social Security Administration. After applying a regulatory disregard of \$20, countable income of \$3,656 is at 280% of the federal poverty level. The MassHealth representative testified that to be eligible for MassHealth Standard an individual must have income at or below 100% of the federal poverty level. For a family group of one, that income limit is \$1,305. The MassHealth representative testified that the appellant could become eligible for MassHealth Standard by meeting a 6-month deductible in the amount of \$18,804. The calculation of this deductible utilizes the countable income of \$3,656, applies a standard deduction of \$522 and is calculated over a 6-month deductible period. The appellant's deductible period is November 1, 2025 to April 1, 2026.

The appellant testified that the income information presented by MassHealth was correct. The appellant did not agree with the decision as he believed that he paid taxes and his contribution to state and federal sources should make him eligible for MassHealth. The appellant testified that he incurs other expenses such as food, shelter and transportation and asked the agency to consider such expenses in determining eligibility. The MassHealth representative responded that MassHealth cannot consider expenses beyond medical expenses utilized to meet the deductible in determining eligibility.

Findings of Fact

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

1. The appellant is over 65-years old.
2. The appellant is a family group of one with income of \$3,676 from benefits received from the Social Security Administration.
3. After applying a \$20 disregard to the appellant's unearned income, the appellant's countable income of \$3,656 is at 280% of the federal poverty level.
4. The appellant can become eligible for MassHealth Standard by meeting a deductible.
5. The deductible period is from November 1, 2025 to April 1, 2026.

Analysis and Conclusions of Law

The regulations at 130 CMR 515.000 through 522.000 provide the MassHealth requirements for persons who are institutionalized, 65 years of age or older, or who would be institutionalized without community-based services in accordance with all applicable laws, including Title XIX of the Social Security Act. (130 CMR 515.002(B)). As an individual 65 years of age or older, the appellant must meet the eligibility requirements under these regulations.

Pursuant to 130 CMR 519.005(A), noninstitutionalized individuals aged 65 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, 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.

Individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004, meeting a deductible, or both. (130 CMR 519.005(B)). The appellant's income exceeded these standards so he would have to meet a deductible in becoming eligible for MassHealth Standard.

An individual 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. (130 CMR 520.009(A)(1)). In determining gross monthly income, MassHealth multiplies the average weekly income by 4.333 unless the income is monthly. (130 CMR 520.009(A)(1)). For community residents, the countable-income amount is compared to the applicable income standard to determine the individual's financial eligibility. (130 CMR 520.009(A)(2)).

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. (130 CMR 520.009(A)(4)). 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. (130 CMR 520.009(A)(4)). MassHealth considers both earned income and unearned income as countable in determining eligibility. (130 CMR 520.009).

Earned income is the total amount of compensation received for work or services performed. (130 CMR 520.009(C)). Earned income includes wages, self-employment income, and payment from roomers and boarders. (130 CMR 520.009(C)).

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(D)). The applicant or member must verify gross unearned income. (130 CMR 520.009(D)).

The appellant did not dispute that he receives unearned income from the Social Security Administration. In determining eligibility and calculating a deductible, MassHealth allows certain standard earned- and unearned-income deductions from gross income. (130 CMR 520.011).

Deductions allowed from total gross unearned income include a deduction of \$20 per individual or married couple; or a deduction that is allowed only for persons who are 65 years of age and older, are receiving personal-care attendant services paid for by MassHealth, or have been determined by MassHealth, through initial screening or by prior authorization, to be in need of personal-care attendant services. (130 CMR 520.013). Neither party noted that MassHealth pays for, has screened or authorized the appellant to need personal-care services. MassHealth applied the correct deductions to the appellant's unearned income.

The regulations at 130 CMR 515.001 define a deductible as the total dollar amount of incurred medical expenses that an applicant whose income exceeds MassHealth income standards must be responsible for before the applicant is eligible for MassHealth, as described at 130 CMR 520.028.

The deductible is determined by multiplying the excess monthly income by six. (130 CMR 520.030). Excess monthly income is the amount by which the applicant's countable-income amount as described in 130 CMR 520.009 exceeds the MassHealth deductible-income standard. (130 CMR 520.030).

MassHealth Deductible Income Standards		
Number of Persons	Monthly Income Standard for Community Resident	Monthly Income Standard for Long-Term Care Facility Resident
1	\$522	\$72
2	\$650	

In this case, MassHealth determined that the appellant's countable income of \$3,656 exceeds the deductible-income standard of \$522 for a household of one by \$3,134. Therefore, the appellant has an excess monthly income of \$3,134 and MassHealth correctly calculated a deductible amount of \$18,804. (130 CMR 520.030).

In addition to MassHealth Standard, MassHealth has Medicare Savings Programs (MSPs) that pay for some or all of a Medicare beneficiaries' premiums, deductibles, copays and co-

insurance. MSPs are not insurance plans. There are different levels of benefits, based on income. These program levels are known by their initials: QMB (Qualified Medicare Beneficiaries), and SLMB (Specified Low Income Medicare Beneficiaries) or QI (Qualifying Individuals). Enrolling in any of the MSPs automatically provides drug coverage with low copays. It also lets Medicare beneficiaries sign up for Medicare Part B at any point in the year, without paying any financial penalties for signing up late. All of these programs have income eligibility criteria.

Pursuant to 130 CMR 519.010(A), the Medicare Savings Program (MSP) for Qualified Medicare Beneficiaries (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;
- (3) Effective until February 29, 2024, have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare and Medicaid Services. Each calendar year, the allowable asset limits shall be made available on MassHealth's website. Effective March 1, 2024, MassHealth will disregard all assets or resources when determining eligibility for MSP-only benefits; and
- (4) meet the universal requirements of MassHealth benefits in accordance with 130 CMR 503.000 : Health Care Reform: MassHealth: Universal Eligibility Requirements or 130 CMR 517.000 : MassHealth: Universal Eligibility Requirements, as applicable.

The appellant's countable income is over 190% of the federal poverty level. Therefore, the appellant is not eligible for the MassHealth QMB coverage.

Pursuant to 130 CMR 519.011(A)(1), the MSP (Buy-In) for Specified Low Income Medicare Beneficiaries is available for Specified Low Income 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;
- (c) Effective until February 29, 2024, have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare and Medicaid Services. Each calendar year, the allowable asset limits shall be made available on MassHealth's website. Effective March 1, 2024, MassHealth will disregard all assets or resources when determining eligibility for MSP-only benefits; and

- (d) meet the universal requirements of MassHealth benefits in accordance with 130 CMR 503.000: Health Care Reform: MassHealth: Universal Eligibility Requirements or 130 CMR 517.000: MassHealth: Universal Eligibility Requirements, as applicable.

The appellant's countable income is over 210% of the federal poverty level. Therefore, the appellant is not eligible for the MassHealth Buy-In for Specified Low Income Medicare Beneficiaries.

Pursuant to 130 CMR 519.011(B)(1), the MSP for Qualifying Individuals (QI) 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 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;
- (c) effective until February 29, 2024, have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare & Medicaid Services. Each calendar year, the allowable asset limits shall be made available on MassHealth's website. Effective March 1, 2024, MassHealth will disregard all assets or resources when determining eligibility for MSP-only benefits; and
- (d) meet the universal requirements of MassHealth benefits in accordance with 130 CMR 503.000: Health Care Reform: MassHealth: Universal Eligibility Requirements or 130 CMR 517.000: MassHealth: Universal Eligibility Requirements, as applicable.

The appellant's countable income is over 225% of the federal poverty level. Therefore, the appellant is not eligible for the MSP for QI coverage.

This appeal is denied as MassHealth was correct in their eligibility decision.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129