

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2600652
Decision Date:	2/13/2026	Hearing Date:	02/09/2026
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Briana Burgos



*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:	2/13/2026	Hearing Date:	02/09/2026
MassHealth’s Rep.:	Briana Burgos	Appellant’s Rep.:	Pro se
Hearing Location:	All Parties Appeared by Telephone	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 notices dated December 1, 2025 and December 10, 2025, MassHealth determined that the appellant does not qualify for MassHealth Standard because she has more countable income than MassHealth benefits allow. (130 CMR 520.002; 130 CMR 520.009; 130 CMR 520.028; Exhibits 1A & 1B). Through a notice dated December 16, 2025, MassHealth determined that the appellant has been approved for MassHealth CommonHealth as of December 16, 2025 with a monthly premium of \$41.60. (130 CMR 519.012; Exhibit 1C). On January 8, 2026, the appellant filed a timely appeal for all three decisions. (130 CMR 610.015; Exhibit 2). Denial of assistance and an agency determination regarding the scope and amount of assistance are both valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant does not qualify for MassHealth Standard but does qualify for MassHealth CommonHealth with a monthly premium of \$41.60. (130 CMR 519.002; 130 CMR 519.012; 130 CMR 520.028).

Issue

Whether MassHealth was correct in determining the appellant's coverage type.

Summary of Evidence

All parties appeared by telephone. The appellant is a disabled adult, over the age of 65 and in a family group of one. The MassHealth representative testified that the appellant has a total monthly income of \$3,194.23. This income includes \$3,150.90 from the Social Security Administration (SSA) and \$43.33 from employment. The MassHealth representative testified that the agency determined that the appellant's income is at 233.2% of the federal poverty level (FPL).¹ The appellant has Medicare. The MassHealth representative testified that to be eligible for MassHealth Standard, an individual over the age of 65 needs to have income less than or equal to 100% of the FPL which is \$1,305 for a family group of one. As the appellant's income exceeds this amount, she is not eligible for MassHealth Standard unless she meets a deductible. MassHealth determined that the appellant needs to meet a deductible for a period of 6 months beginning in August 2025. MassHealth determined that the appellant had a Medicare Premium of \$185 in August 2025 and September 2025. MassHealth determined that the appellant had a Medicare Premium of \$202.90 in December 2025 and January 2026

MassHealth determined that the appellant is eligible for MassHealth CommonHealth as a disabled adult. The MassHealth representative testified that the appellant has been eligible for MassHealth CommonHealth for several years. The last time that the appellant was eligible for MassHealth Standard was in 2019.

The MassHealth representative testified that individuals eligible for MassHealth CommonHealth may have to pay a premium. At the time of the decision, MassHealth had a regulatory formula that they used in calculating a premium for individuals eligible for MassHealth CommonHealth. Individuals with income above 200% of the federal poverty level (FPL) started with a premium of \$40 and an additional \$8 is added for each additional 10% of the FPL until 400% of the FPL. An individual with other insurance pays a portion of that premium. The formula gives the appellant a base premium of \$64.00 ($\$40 + \$8 + 8 + 8 = \64). Since the appellant has Medicare, she is required to pay only 65% of the full premium. In this case, 65% of \$64 = \$41.60. This was the amount calculated by MassHealth.

¹ The income figures presented by MassHealth at hearing conflict with those listed on the notices on appeal and result in a higher percentage of the FLP. The notices list a monthly income of \$3,066, which results in countable income of \$3,046 which is at 233.4% of the FPL [$\$3,046 \div \$1,305 = 233.4\%$]. The figures presented at hearing place the appellant at 243.23% of the FPL [$\$3,174.23 \div \$1,305 = 243.23\%$] and a higher premium for MassHealth CommonHealth and higher deductible for MassHealth Standard. As the figures on the notice and FPL presented by MassHealth at hearing work in the appellant's favor, that will be the percentage used in this decision.

The appellant did not dispute the income information presented by MassHealth or the premium amount. The appellant testified that she was seeking services for which she was told by a provider that she required to have MassHealth Standard. The appellant testified that she does not need assistance with any activities of daily living.

Findings of Fact

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

1. The appellant is a disabled adult and a family group of one.
2. The appellant has Medicare.
3. At the time of the notice on appeal, the agency determined that the appellant had a total monthly income of \$3,066.
4. MassHealth determined that the appellant needs to meet a deductible for a period of 6 months beginning in August 2025.
5. MassHealth determined that the appellant had a Medicare Premium of \$185 in August 2025 and September 2025.
6. MassHealth determined that the appellant had a Medicare Premium of \$202.90 in December 2025 and January 2026.
7. MassHealth determined the appellant eligible for MassHealth CommonHealth with a monthly premium of \$41.60.
8. The appellant does not require assistance with any activities of daily living.

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 520.009², 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 exceeds these standards so she would have to meet a deductible to become eligible for MassHealth Standard.

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 be in need of personal-care services. MassHealth applied the correct deductions to the appellant's unearned income in calculating a deductible.

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).

² 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)). MassHealth considers both earned income and unearned income as countable in determining eligibility. (130 CMR 520.009). 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)).

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 \$3,046 exceeds the deductible-income standard of \$522 for a household of one by \$2,524. Therefore, the appellant has an excess monthly income of \$2,524. MassHealth also utilized the appellant’s Medicare premiums of \$185 for August 2025 and September 2025 and \$202.90 for December 2025 and January 2026 in calculating the deductible. The notices indicate that the appellant does not have deductibles for October and November 2025. It is unclear why that is the case but the total amount is to the appellant’s benefit whether there was any agency error or not. As the agency calculated deductible amounts correctly and if incorrect, to the appellant’s benefit, this part of the appeal is denied.

Pursuant to 130 CMR 519.012, MassHealth CommonHealth for working disabled adults is available to community residents aged 65 and older in the same manner as they are available to those under age 65. This means they must meet the requirements of 505.004(B)(2), (3), and (5) to be eligible for CommonHealth. (130 CMR 519.012(A)(1)). These requirements include:

- (2) being employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth’s eligibility review;
- (3) being permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001; and
- (5) being ineligible for MassHealth Standard. (130 CMR 519.012; 130 CMR 505.004(B)).

MassHealth correctly determined that the appellant meets these requirements as she provided verification and testimony to demonstrate that she is employed at least 40 hours each month. (130 CMR 519.012; 130 CMR 505.004(B)).

The eligibility decisions made by MassHealth are correct.

This 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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

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