

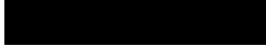
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311431
Decision Date:	01/25/2024	Hearing Date:	12/12/2023
Hearing Officer:	Radha Tilva	Record Open to:	01/24/2024

Appearance for Appellant:



Appearance for MassHealth:

Raisa Guzman, Charlestown MEC Rep.
Karishma Raja, Premium Billing Rep.



*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:	Eligibility – under 65 - income
Decision Date:	01/25/2024	Hearing Date:	12/12/2023
MassHealth's Rep.:	Raisa Guzman; Karishma Raja	Appellant's Rep.:	██████
Hearing Location:	Charlestown MEC - video	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 November 10, 2023, MassHealth changed appellant's MassHealth benefits from MassHealth Standard to MassHealth Family Assistance (Exhibit 1). The appellant filed this appeal in a timely manner on November 13, 2023(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 downgraded appellant's benefits from MassHealth Standard to MassHealth Family Assistance.

Issue

The appeal issue is whether MassHealth was correct in downgrading appellant's MassHealth benefits from Standard to Family Assistance.

Summary of Evidence

The MassHealth representative that appeared at hearing testified that appellant, a minor, was downgraded from MassHealth Standard to MassHealth Family Assistance benefits. The MassHealth representative explained that appellant's gross income of approximately \$5,000.00 a month puts appellant at 246% of the federal poverty level for a household size of 3. The MassHealth representative stated that the income limit for a household of 3 is \$2,755.00 according to the federal poverty level.

The MassHealth representative explained that a renewal request went out on June 22, 2023 requesting additional information. MassHealth received that information and processed it on October 4, 2023. On November 10, 2023 MassHealth informed appellant that his benefits would change from Standard to Family Assistance with a premium of \$20.00 a month (Exhibit 1). The appellant timely appealed that notice and protection was placed on the case keeping appellant on MassHealth Standard benefits during the pendency of the appeal. The MassHealth case worker explained that appellant could apply for disability for his son and potentially be eligible for MassHealth CommonHealth. The premium billing specialist stated that there were no billing issues presently as no premium had been requested of appellant due to the protection.

The appellant was represented by his father at hearing who testified that appellant's doctor and hospital do not accept MassHealth Family Assistance. The father further explained that appellant has severe kidney disease and requires a kidney transplant. The appellant further stated that he would apply for disability for his son and that he and his wife had already completed the paperwork but were just waiting to receive the documentation from the doctors. The appellant's father testified that he hoped to keep the MassHealth benefits in place as his son has health conditions and he was told by [REDACTED] that he would lose his doctors if he switched to Family Assistance.

The hearing officer reached out to appellant and MassHealth on or around January 8, 2024 to obtain a status update on appellant's disability application. The appellant's father never responded. MassHealth informed the hearing officer on January 24, 2024 that no paperwork or application was received for disability by MassHealth (Exhibit 6).

Findings of Fact

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

1. On June 22, 2023, MassHealth sent out a renewal and request for information to appellant.
2. MassHealth received the information and processed it on October 4, 2023.

3. Appellant is a minor child who is part of a household of 3.
4. Appellant's family gross income is \$5,000.00 monthly.
5. The appellant was on MassHealth Standard benefits and remained protected on it as a result of the appeal.
6. Appellant would like to keep the MassHealth Standard benefits because he has serious health conditions which require the care of specialists at [REDACTED].
7. The appellant had not submitted disability paperwork to MassHealth at the time of the hearing.
8. On November 10, 2023, MassHealth issued a notice downgrading appellant from MassHealth Standard to MassHealth Family Assistance benefits.
9. The appellant timely appealed that notice to the Board of Hearings.

Analysis and Conclusions of Law

Children and young adults may establish eligibility for MassHealth Standard coverage subject to the requirements described in 130 CMR 505.002(B)

(2) Children One through 18 Years Old.

(a) A child one through 18 years old is eligible if

1. the modified adjusted gross income of the MassHealth MAGI household is ***less than or equal to 150% of the federal poverty level***; and
2. the child is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A): Lawfully Present Immigrants.

(b) Eligibility for a child who is pregnant is determined under 130 CMR 505.002(D).

(Emphasis added). The appellant is a child under the age of 18 in a household size of 3. 150% of the federal poverty level for a household size of 3 is \$3,108.00 a month.¹ The appellant's father testified that his gross monthly income is \$5,000.00 a month. The appellant is, therefore, ineligible for MassHealth Standard benefits. The appellant does not qualify for MassHealth CommonHealth benefits under 130 CMR 505.004 because he is not deemed disabled as required under 130 CMR 505.004(G)). MassHealth did not err in determining that appellant is eligible for MassHealth Family Assistance, however, under 130 CMR 505.005(A) and (B) as appellant's MAGI (modified adjusted gross income) is less than 300% of the federal poverty level. For the reasons set forth

¹ [2023 MassHealth Income Standards and Federal Poverty Guidelines](#).

above this appeal is DENIED.

Order for MassHealth

Remove aid pending.

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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129