

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2406192
<b>Decision Date:</b>	06/8/2024	<b>Hearing Date:</b>	05/22/2024
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Darcy Chapdelaine, Springfield (Telephonic)



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility – Under 65 Years of Age
<b>Decision Date:</b>	06/28/2024	<b>Hearing Date:</b>	05/22/2024
<b>MassHealth's Rep.:</b>	Darcy Chapdelaine	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	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 04/04/2024, MassHealth informed the appellant that it decided she was no longer eligible for MassHealth benefits because the family has more countable income than MassHealth benefits allow. It planned to terminate her MassHealth Standard benefits on 05/31/2024. MassHealth informed the appellant that she was eligible for Health Safety Net and a Health Connector Plan (130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1A). Through a second notice dated 04/04/2024, MassHealth informed the appellant that it decided her two children were no longer eligible for MassHealth Standard benefits because the family has more countable income than MassHealth benefits allow. It planned to terminate the children's MassHealth Standard benefits on 04/18/2024. MassHealth informed the appellant that the children are eligible for MassHealth Family Assistance benefits with a total monthly premium of \$40.00 (130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1B). The appellant filed this appeal in a timely manner on 04/19/2024 and the family continues to receive MassHealth Standard benefits pending the outcome of this appeal (130 CMR 610.015(B) and Exhibit 2). A change in the level of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth plans to terminate the appellant's and her children's MassHealth Standard benefits. MassHealth determined the children are eligible for MassHealth Family Assistance benefits with a total monthly premium of \$40.00.

## Issues

The first appeal issue is whether MassHealth was correct in determining that the appellant and her children are not eligible for MassHealth Standard benefits because the family's income exceeds the program limits. The second appeal issue is whether MassHealth was correct in determining that the appellant's children are eligible for MassHealth Family Assistance benefits with a total monthly premium of \$40.00.

## Summary of Evidence

Exhibits 1A, 1B, 2, and 3 were admitted into evidence. The appellant appeared at the fair hearing telephonically. The MassHealth representative also appeared telephonically.

The MassHealth representative testified that the appellant is under 65 years of age and she lives in the community with her two children, who are under 19 years of age. The appellant was previously determined to be eligible for MassHealth Standard benefits, having been determined to be categorically eligible by being the parent of two children under 19 in the home, and financially eligible with the family's countable income being below 133% of the federal poverty level for a household of 3 people. The children were determined to be eligible for MassHealth Standard benefits, having been determined to be categorically eligible as being under 19 years of age, and financially eligible with the family's countable income being below 150% of the federal poverty level. In February 2023, the appellant provided eligibility renewal information to MassHealth. At that time, MassHealth determined that the family's income exceeded the income guidelines for MassHealth Standard benefits. The family was determined to be eligible for MassHealth Standard benefits under the Transitional Medical Assistance (TMA) program.<sup>1</sup>

On 04/04/2024, the appellant completed an annual eligibility review. According to the information provided by the appellant, she has gross monthly income of \$5,280.00, which is 240.39% of the federal poverty level (FPL). Because the family's income exceeds 133% of the FPL, the appellant is no longer eligible for MassHealth Standard benefits. She was determined to be eligible for Health Safety Net and she was referred to the Health Connector. Because the family's income exceeds 150% of the FPL, the children are also no longer eligible for MassHealth Standard benefits. They were determined to be eligible for MassHealth Family Assistance benefits with a total monthly premium of \$40.00.

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<sup>1</sup> MassHealth Transitional Medical Assistance is a program that protects benefits one year if a family's income exceeds the guidelines after receiving MassHealth Standard benefits (see 130 CMR 505.002(L)(5)).

The appellant appeared at the fair hearing and testified telephonically. She stated she is a single mother who receives “no child support.” She testified that she “cannot afford the benefits.” She also stated that her “credit cards are maxed out.”

## **Findings of Fact**

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

1. Appellant is under 65 years of age and lives in the community with her two children. For the purposes of MassHealth eligibility, the family is counted as a household of three (Testimony).
2. Appellant’s gross monthly income is \$2,640.00 every two weeks, or \$5,280.00 per month (Testimony).
3. 133% of the federal poverty level for a household of three is \$2,862.00 as of 03/2024.
4. 150% of the federal poverty level for a household of three is \$3,228.00 as of 03/2024.
5. 300% of the federal poverty level for a household of three is \$6,455.00 as of 03/2024.
6. Appellant was previously determined to be eligible for MassHealth Standard benefits, having been determined to be categorically eligible by having two children under 19 in the home, and financially eligible with the family’s countable income being below 133% of the federal poverty level for a household of 3 people.
7. Appellant’s children were determined to be eligible for MassHealth Standard benefits, having been determined to be categorically eligible as being under 19 years of age, and financially eligible with the family’s countable income being below 150% of the federal poverty level.
8. In February 2023, the appellant provided eligibility renewal information to MassHealth. At that time, MassHealth determined that the family’s income exceeded the income guidelines for MassHealth Standard benefits. The family was determined to be eligible for MassHealth Standard benefits for one additional year under the Transitional Medical Assistance (TMA) program.
9. The appellant submitted an eligibility review form to MassHealth on 04/04/2024.
10. Through a notice dated 04/04/2024, MassHealth informed the appellant that it decided she was no longer eligible for MassHealth benefits because the family has more countable income than MassHealth benefits allow. It planned to terminate her MassHealth Standard benefits on

05/31/2024 (Exhibit 1A; Testimony).

11. Through the 04/04/2024 notice, MassHealth informed the appellant that she is eligible for Health Safety Net and a Health Connector plan (Exhibit 1A; Testimony).
12. Through a second notice dated 04/04/2024, MassHealth informed the appellant that it decided her two children were no longer eligible for MassHealth Standard benefits because the family has more countable income than MassHealth benefits allow. It planned to terminate the children's MassHealth Standard benefits on 04/18/2024.
13. Through the 04/04/2024 notice, MassHealth informed the appellant that the children are eligible for MassHealth Family Assistance benefits with a total monthly premium of \$40.00.
14. The appellant filed this appeal in a timely manner on 04/19/2024 (Exhibit 2).
15. The appellant and her children continue to receive MassHealth Standard benefits pending the outcome of this appeal.
16. A fair hearing was held on 05/22/2024. The MassHealth representative appeared telephonically, as did the appellant (Exhibit 3).

## **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) for certain

Medicare beneficiaries.

Regulations at 130 CMR 505.002 address financial eligibility for MassHealth Standard benefits, as follows:

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

(3) Young Adults 19 through 20 Years Old. (a) A young adult 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*** (FPL);...

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is ***less than or equal to 133% of the federal poverty level*** (FPL)...

Regulations at 130 CMR 505.005 address eligibility for MassHealth Family Assistance benefits as follows:

(A) Overview. 130 CMR 505.005 contains the categorical requirements and financial standards for MassHealth Family Assistance.

(1) Children who are citizens, as defined in 130 CMR 504.002: U.S. Citizens, lawfully present immigrants, as defined in 130 CMR 504.003(A): Lawfully Present Immigrants, or nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs), whose modified adjusted gross income of the MassHealth MAGI household ***is greater than 150 and less than or equal to 300% of the federal poverty level*** (FPL) are eligible for MassHealth Family Assistance.

Regulations at 130 CMR 506.011 address MassHealth Premiums and the Children's Medical Security Plan (CMSP) Premiums as follows:

The MassHealth agency may charge a monthly premium to MassHealth Standard, CommonHealth or Family Assistance members who have income ***above 150% of the federal poverty level*** (FPL), as provided in 130 CMR 506.011. The MassHealth agency may charge a monthly premium to members of the Children's Medical Security Plan (CMSP) who have incomes ***at or above 200% of the FPL***. MassHealth and CMSP premiums amounts are calculated based on a member's household modified adjusted gross income (MAGI) and their

household size as described in 130 CMR 506.002 and 130 CMR 506.003 and the premium billing family group (PBF) rules as described in 130 CMR 506.011(A). Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(J).

Regulations at 130 CMR 506.011(B)(3) address how MassHealth calculates the premium formula for MassHealth Family Assistance as follows:

Family Assistance for Children Premium Formula

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	\$12 per child (\$36 PBF maximum)
<b>Above 200% to 250%</b>	<b>\$20 per child (\$60 PBF maximum)</b>
Above 250% to 300%	\$28 per child (\$84 PBF maximum)

*(Emphasis added.)*

MassHealth first determined that the appellant and her two children are no longer eligible for MassHealth Standard benefits because the income household's income exceeds the guidelines for that benefit. MassHealth determined that the appellant's gross monthly income is \$5,280.00. The appellant did not dispute her income. They are counted as household of three people. The income is 240% of the FPL.

In order to be income-eligible for MassHealth Standard benefits as the parent of children under 19 years of age, the appellant's income must be less than 133% of the FPL, or \$2,862.00. Since her gross monthly income of \$5,280.00 exceeds 133% of the FPL, the appellant is not eligible for MassHealth Standard benefits. MassHealth correctly determined she is eligible for Health Safety Net and she was referred to the Health Connector.

In order to be income-eligible for MassHealth Standard benefits as a child under 19 years of age, the household's income must be less than 150% of the FPL or \$3,228.00. Since the household's income of \$5,280.00 exceeds 150% of the FPL, the two children are not eligible for MassHealth Standard benefits. The income is less than 300% of the FPL, or \$6,455.00, so MassHealth correctly determined the children are eligible for MassHealth Family Assistance benefits.

According to the above regulations, because the appellant's income is between 200% and 250% of the FPL, MassHealth correctly determined the monthly premium for each child is \$20.00, totaling \$40.00 for the two children.

Although the appellant stated she cannot afford the benefits she has been determined to be eligible for, she has not successfully shown that MassHealth incorrectly applied its regulations to the relevant facts in the hearing record. Accordingly, this appeal is denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Health Connector questions can be addressed by calling 1-877-623-6765. Additionally, if the appellant's income or household size changes, she should contact MassHealth for a new determination of benefits.

## **Order for MassHealth**

Release 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104