

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Numbers:</b>	2406207 & 2406236
<b>Decision Date:</b>	7/8/2024	<b>Hearing Date:</b>	05/24/2024
<b>Hearing Officer:</b>	Christopher Jones		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sherianne Paiva – Taunton MEC



*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>	Community; Under-65; Income
<b>Decision Date:</b>	7/8/2024	<b>Hearing Date:</b>	05/24/2024
<b>MassHealth's Rep.:</b>	Sherrienne Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Virtual	<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 three notices dated April 17, 2024, MassHealth downgraded the appellants' coverage from MassHealth Standard to Health Safety Net for the parent and Family Assistance for the two children. (Exhibits 1-3; 130 CMR 505.000; 506.001 - .004.) The appellant filed this appeal in a timely manner on April 17, 2024, and benefits for all three family members are protected pending the outcome of this appeal. (Exhibits 4-6; 130 CMR 610.015(B); 610.036.) Any MassHealth "action to suspend, reduce, terminate, or restrict a member's assistance" is valid grounds for appeal. (130 CMR 610.032(A)(3).)

Separate appeals were scheduled for the appellant-mother and the appellant-children. Because the factual issues underlying both appeals are the same, the appeals were consolidated into a single hearing.<sup>1</sup>

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<sup>1</sup> The appellant had been called prior to the hearing by a representative from MassHealth's Enrollment Center. The appellant testified that this MassHealth employee told her that all three of the family members were 'all set,' and that their MassHealth Standard coverage would continue. The appellant called the Board of Hearings with this worker and withdrew Appeal No. 2406207. Initially, the hearing went forward only on Appeal No. 2406236, but Appeal No. 2406207 was reopened based upon the appellant's testimony and Aid Pending protections were restored for the appellant-children.

## Action Taken by MassHealth

MassHealth downgraded the appellants' coverage based upon the household's income.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.000 and 506.000, in calculating the appellants' countable household income and approving the appellants for the best available coverage.

## Summary of Evidence

MassHealth's representative testified that a telephonic renewal application was filed shortly before MassHealth mailed out the three notices. The appellant has three children, and they all used to be in a household together. The appellant's oldest child is over the age of [REDACTED] and during the renewal she was removed from the appellant's household.<sup>2</sup> The appellant completed the telephonic application shortly before April 17, 2024 and identified herself as the head of household and her two children as tax dependents. The appellant reported gross, bi-weekly income of \$2,085.81 and that she has access to employer-sponsored insurance.

MassHealth's representative testified that this income, for a household of three, is equivalent to 205.25% of the federal poverty level. The income limit for a parent to be covered by MassHealth Standard is 133% of the federal poverty level, and the limit for children between [REDACTED] is 150% of the federal poverty level.<sup>3</sup> Because the appellants' household income is over these limits, no one in the household is still eligible for Standard coverage. The children are still eligible for Family Assistance coverage, but the appellant must now pay a \$40 per month premium for their coverage.

The appellant testified that she has always been enrolled in her employer-sponsored insurance, but that she is not receiving Premium Assistance. She was informed that she would need to contact Premium Assistance at 1-800-862-4840 to inquire about whether her employer's insurance plan qualified for Premium Assistance payments and to apply for the program. As long as her children were enrolled in the qualifying employer-sponsored insurance, Premium Assistance should be able to cover the premiums for the whole family.

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<sup>2</sup> This child is in her own MassHealth household and not part of this appeal.

<sup>3</sup> The federal poverty level for a household of three in 2024 is \$2,152 per month.

## Findings of Fact

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

- 1) The appellants are a household of three, with one adult parent of two minor children. (Testimony by MassHealth's representative and the appellant.)
- 2) The household's income is gross, bi-weekly earned income of \$2,085.81. (Testimony by MassHealth's representative.)

## Analysis and Conclusions of Law

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below the relevant financial thresholds. Minor children and their parents or caretakers are categorically eligible for MassHealth Standard. (130 CMR 505.002(B)(2), (C).) Financially, members "Parents and Caretaker Relatives" must have countable income under 133% of the federal poverty level, while children between the ages of [REDACTED] years old must have income below 150%. (130 CMR 505.002(B)-(C).)

MassHealth does offer the Family Assistance benefit to children with countable income between 150% and 300% of the federal poverty level. (130 CMR 505.005(B).) This benefit comes with a monthly premium, depending on the household's income. For household income between 200% and 250% of the federal poverty level, Family Assistance premium is \$20 per child. (130 CMR 506.012(B)(3).)

For individuals under the age of [REDACTED] countable unearned income includes "the total amount of taxable income" a member receives "after allowable deductions on the U.S Individual Tax Return," and specifically includes "social security benefits." (130 CMR 506.003(B).) Monthly income is derived by multiplying average weekly income by 4.333, and "[f]ive percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard." (130 CMR 506.007(A).)

The federal poverty level for a household of three in 2024 is \$2,152 per month. Five percent of the federal poverty level is \$107.60. The appellant's weekly income is effectively \$1,042.90, and her monthly income is \$4,518.90. Reduced by \$107.60, the appellant's household's countable income is \$4,411.30. This equates to 204.98% of the federal poverty level for a household of three. Because the appellant's income is over 150% of the federal poverty level, MassHealth is correct that neither she nor her children is ineligible for MassHealth Standard. This appeal is DENIED.

MassHealth also correctly determined the children's Family Assistance premiums.<sup>4</sup> The appellant is welcome to apply for Premium Assistance benefits, and if her employer-sponsored insurance policy qualifies, MassHealth will be able to help her with paying for the cost of the private insurance.

## **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.

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Christopher Jones  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

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<sup>4</sup> There is no "supplemental premium formula" for Family Assistance premiums for children. (Compare 130 CMR 506.012(B)(3) with 130 CMR 506.012(B)(2) (CommonHealth premiums).)