

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2409613
<b>Decision Date:</b>	9/6/2024	<b>Hearing Date:</b>	08/01/2024
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**  
*Via telephone*  
Pro se

**Appearance for MassHealth:**  
*Via telephone*  
Tenzin Sungrab – Charlestown MEC;  
Karishma Raja – Premium Billing



*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; Downgrade
<b>Decision Date:</b>	9/6/2024	<b>Hearing Date:</b>	08/01/2024
<b>MassHealth's Rep.:</b>	Tenzin Sungrab; Karishma Raja	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center - Room 1 (Remote)	<b>Aid Pending:</b>	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 April 19, 2024, MassHealth notified the appellant that her minor children's benefits were being downgraded from MassHealth Standard to Family Assistance starting after May 3, 2024, because MassHealth determined there was a change in circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on June 18, 2024 (130 CMR 610.015(B); Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified the appellant that her children's MassHealth benefits were downgraded from MassHealth Standard to Family Assistance.

## Issue

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

## Summary of Evidence

MassHealth was represented at the hearing by an eligibility representative and a representative from the Premium Billing Unit; both parties participated by telephone. The record establishes the following: The appellant is an adult female between the ages of [REDACTED] who resides with her two minor children. In April of 2024, the appellant updated her monthly income with MassHealth. Her verified gross monthly income from employment totals \$4,337.46; this amount equates to 196.59% of the Federal Poverty Level (FPL) for the household size of 3 (See, Exhibit 1, p. 3). To qualify for MassHealth Standard benefits, the appellant's household income must be at or below 133% of the FPL, or \$2,862.00 per month for a household size of 3. On April 19, 2024, MassHealth notified the appellant that her children's benefits were being downgraded from MassHealth Standard to Family Assistance, starting after May 3, 2024, with a \$24.00 total monthly premium assessed (\$12.00 per child), because of a change in her circumstances (Exhibit 1). The appellant is currently enrolled in a ConnectorCare plan through the Massachusetts Health Connector. Because the appellant is enrolled in a ConnectorCare plan and receives an advanced premium tax credit, MassHealth has waived all monthly premiums thus far (Testimony). The Premium Billing representative explained that so long as the appellant continues receiving an advanced premium tax credit through her ConnectorCare plan, MassHealth will continue to waive her children's monthly premium.

The appellant appeared at the hearing telephonically and verified that her income is accurate. She testified that while the April 19<sup>th</sup> downgrade notice states that her children's health plans changed, it does not specifically state that their coverage would change (See, Exhibit 2). This change in coverage resulted in the cancellation of one of her minor child's mental health therapy visits because the therapeutic mentor does not accept their current coverage. The appellant stated that this was not clearly explained to her in the April 19<sup>th</sup> notice and requested further clarification.

The MassHealth eligibility representative explained that while the appellant's children previously received MassHealth Standard benefits, the April 19<sup>th</sup> notice specifically states that it is a downgrade in their coverage to Family Assistance benefits. He agreed that Family Assistance does not offer the same type of coverage as Standard offers. He stated that because the appellant's household income exceeds 133% of the FPL, her children are no longer eligible for MassHealth Standard benefits, in accordance with the regulations. He testified that if the appellant's child requires additional coverage, the appellant can opt to submit a child disability supplement form to Disability Evaluation Services (DES). Once received, DES would determine whether the appellant's child is disabled. If her child is deemed disabled by DES, he would qualify for an upgrade in

coverage to MassHealth CommonHealth. Additionally, the explained that if the appellant's monthly income decreases in the future, she should contact MassHealth to update her income.

The appellant testified that she is highly disappointed that MassHealth's determination affected her child's mental health therapy. As to the disability supplement, she stated that going through the process of submitting additional documentation would not be helpful at this time because her child already lost his therapeutic mentor.

## Findings of Fact

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

1. The appellant is an adult between the ages of [REDACTED] and lives in a household of 3 with her two minor children.
2. The appellant's children previously received MassHealth Standard benefits based on the appellant's previous income.
3. In April 2024, the appellant updated her monthly income from employment.
4. On April 19, 2024, MassHealth notified the appellant that her minor children's benefits were downgraded from MassHealth Standard to Family Assistance, starting after May 3, 2024, with a \$24.00 monthly premium assessed, because of a change in her circumstances.
5. The appellant is currently enrolled in a ConnectorCare plan through the Health Connector and receives a premium advanced tax credit.
6. MassHealth has waived the monthly premiums for the appellant's children thus far, due to the appellant receiving a premium advanced tax credit.
7. The appellant's verified gross monthly income from employment is \$4,337.46, which equates to 196.59% of the FPL for a household of 3.
8. 133% of the FPL limit for a household size of 3 is \$2,862.00 per month.
9. The appellant timely appealed this MassHealth action.

## Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults<sup>1</sup>, 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 [REDACTED] years of age 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.

At issue in this case is MassHealth’s notice to the appellant that her children’s benefits were being downgraded from MassHealth Standard to Family Assistance. As of the hearing date, the only two coverage types for which the appellant’s children are potentially eligible are MassHealth Standard or Family Assistance. The question remains as to whether her children meet the income requirements to qualify.

The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition*. (130 CMR 505.001(B)). A minor child is financially eligible for MassHealth Standard if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level” (130 CMR 505.002(C)(1)(a); 505.008(A)(2)(c)). A minor child is financially eligible for MassHealth Family Assistance if “the child’s modified adjusted gross income of the MassHealth MAGI household is greater than 150 and

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<sup>1</sup> “Young adults” are defined at 130 CMR 501.001 as those aged [REDACTED]

less than or equal to 300% of the federal poverty level” (130 CMR 505.005(A)(1); 505.005(B)(1)(b)).

130 CMR 506.007 describes how an applicant’s modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual’s household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

(1) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.

(2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.

(3) Round up to the next whole dollar to arrive at the monthly income standards.

Here, the appellant’s family’s verified MAGI, at 196.59%, exceeds the MassHealth Standard program limits. However, the verified MAGI falls within 150-300% of the FPL and therefore meets the financial requirements for the Family Assistance program. Thus, I find that MassHealth’s determination that the children no longer qualify for MassHealth Standard benefits, and instead qualify for MassHealth Family Assistance benefits, was accurate.

The appeal is denied.<sup>2</sup>

## Order for MassHealth

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<sup>2</sup> This denial does not preclude the appellant from submitting a disability supplement to DES on behalf of her child, if she so chooses.

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.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

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

MassHealth Premium Billing