

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2410307
<b>Decision Date:</b>	9/30/2024	<b>Hearing Date:</b>	08/20/2024
<b>Hearing Officer:</b>	Emily Sabo		

**Appearances for Appellant:**



**Appearance for MassHealth:**

Ryan Bond, Tewksbury 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 Eligibility—under 65
<b>Decision Date:</b>	9/30/2024	<b>Hearing Date:</b>	08/20/2024
<b>MassHealth's Rep.:</b>	Ryan Bond	<b>Appellant's Rep.:</b>	Pro se & mother
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center (Telephone)	<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 June 16, 2024, MassHealth downgraded the Appellant's MassHealth benefit from MassHealth Family Assistance plus Premium Assistance to Health Safety Net. 130 CMR 505.005 and Exhibit 1. The Appellant filed this appeal in a timely manner on June 28, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth downgraded the Appellant's MassHealth benefit from MassHealth Family Assistance plus Premium Assistance to Health Safety Net, effective June 30, 2024.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.005, in determining that the Appellant was no longer eligible for Family Assistance plus Premium

Assistance.

## Summary of Evidence

The hearing was held telephonically. The MassHealth representative testified that the Appellant is no longer eligible for Family Assistance because she is no longer under the age of ■■■. The MassHealth representative testified that the Appellant has a household size of two, consisting of the Appellant and her mother. The MassHealth representative testified that the household's monthly income is \$5,246.32, which equals 303% of the federal poverty level for a household of two.

The Appellant and her mother both participated in the hearing and verified the Appellant's identity. The Appellant's mother testified that the Appellant was born with a disability, and she was concerned that the Appellant's MassHealth benefit would be ending. The MassHealth representative testified that the Appellant may be eligible for MassHealth CommonHealth if she completes a disability supplement and Disability Evaluation Services determines she is disabled. The Appellant's mother testified that she would like the Appellant's MassHealth coverage to continue and that she thought information on the Appellant's disability would already be on file with MassHealth.

## Findings of Fact

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

1. The Appellant is ■■■ years old. Testimony; Exhibit 4.
2. The Appellant has a household of two, made up of herself and her mother. Testimony.
3. The Appellant's household has a monthly income of \$5,246.32, which equals 303% of the federal poverty level for a household of two. Testimony.
4. On June 16, 2024, MassHealth notified the Appellant that her MassHealth Family Assistance plus Premium Assistance benefit was being downgraded to Health Safety Net. Exhibit 1.
5. On June 28, 2024, the Appellant timely appealed the notice to the Board of Hearings. Exhibit 2.

## Analysis and Conclusions of Law

MassHealth regulations provide:

505.005: MassHealth Family Assistance

(B) Eligibility Requirements for Children with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 150% and Less than or Equal to 300% of the Federal Poverty Level. Children younger than 19 years old are eligible for MassHealth Family Assistance coverage described in 130 CMR 505.005(B) if they meet the following criteria.

(1) Eligibility Requirements. A child is eligible if

- (a) the child is younger than 19 years old;
- (b) the child's 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);
- (c) the child is ineligible for MassHealth Standard or CommonHealth;
- (d) the child is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as defined in 130 CMR 504.003(A), or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*;
- (e) the child complies with 130 CMR 505.005(B)(2) and meets one of the following criteria:
  - 1. the child is uninsured; or
  - 2. the child has health insurance that meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*.

130 CMR 505.005(B)(1).

Here, as the Appellant has turned [REDACTED] there is no dispute that she is not younger than [REDACTED] years old. Exhibit 4; 130 CMR 505.005(B)(1)(a). Furthermore, based on the testimony at hearing, the household's income is greater than 300% of the federal poverty level. 130 CMR 505.005(B)(1)(b). Therefore, MassHealth did not err in sending the June 16, 2024, notice. I credit the Appellant's representative's testimony that the benefit has assisted their family, but the appeal is denied.<sup>1</sup>

## Order for MassHealth

End Aid Pending.

## Notification of Your Right to Appeal to Court

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<sup>1</sup> As discussed at the hearing, the Appellant is welcome to submit a disability supplement.

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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Emily Sabo  
Hearing Officer  
Board of Hearings

[REDACTED]

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