

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2419228
<b>Decision Date:</b>	02/28/2025	<b>Hearing Date:</b>	01/30/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Carmen Rivera, Quincy 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; Income
<b>Decision Date:</b>	02/28/2025	<b>Hearing Date:</b>	01/30/2025
<b>MassHealth's Rep.:</b>	Carmen Rivera	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Quincy Harbor South (Telephone)	<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 October 15, 2024, MassHealth notified the Appellant that it was downgrading her minor child's benefit from MassHealth Family Assistance to the Children's Medical Security Plan due to household income. 130 CMR 505.005(B)(1)(b) and Exhibit 1. The Appellant filed this appeal in a timely manner on December 17, 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 child's benefit from MassHealth Family Assistance to the Children's Medical Security Plan.<sup>1</sup>

### Issue

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<sup>1</sup> The child's Children's Medical Security Plan coverage began October 5, 2024, and the child's Family Assistance coverage ended November 30, 2024. Exhibit 1.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.005(B)(1)(b), in downgrading the Appellant's child's benefit from MassHealth Family Assistance to the Children's Medical Security Plan due to household income.

## **Summary of Evidence**

The hearing was held by telephone. The MassHealth representative testified that the Appellant is the head of household and has a household size of two, consisting of the Appellant and a minor child. The MassHealth representative testified that on October 15, 2024, the Appellant visited the Tewksbury MassHealth Enrollment Center and provided updated income information. MassHealth verified the Appellant's income of \$6,088.99/month. The MassHealth representative testified that the Appellant's household income was 352.47% of the 2024 federal poverty level for a household of two. The MassHealth representative explained that because the Appellant's child's income is above 300% of the federal poverty level, the child is no longer eligible for MassHealth Family Assistance. The MassHealth representative testified that, in addition to the Children's Medical Security Plan, the child also qualifies for a Connector Care Type 3C plan.

The Appellant verified her child's identity. The Appellant agreed with the income information presented by MassHealth. However, the Appellant asked if an exception could be made. The Appellant testified that she is concerned about the limited nature of the Children's Medical Security Plan and that it does not cover hospital visits. The Appellant testified that her own Health Connector coverage costs her \$250/month.

## **Findings of Fact**

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

1. The Appellant is an adult under the age of 65. Exhibit 4.
2. The Appellant has a household size of two, consisting of the Appellant and the Appellant's minor child. Testimony, Exhibit 4.
3. The Appellant's household income is 352.47% of the 2024 federal poverty level. Testimony, Exhibit 1.
4. On October 15, 2024, MassHealth notified the Appellant that her child's coverage was being downgraded from MassHealth Family Assistance to the Children's Medical Security Plan. Exhibit 1.
5. On December 17, 2024, the Appellant timely filed an appeal with the Board of Hearings.

## Analysis and Conclusions of Law

MassHealth regulations provide

### 505.005: MassHealth Family Assistance

(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.

(2) Children and young adults who are 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 at or below 150% of the FPL are eligible for MassHealth Family Assistance. Children under age one who are 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 at or below 200% of the FPL are eligible for MassHealth Family Assistance. Young adults who are 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 FPL are eligible for MassHealth Family Assistance.

(3) Adults who are 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 at or below 300% of the FPL are eligible for MassHealth Family Assistance.

(4) HIV-positive individuals who are citizens as defined in 130 CMR 504.002: *U.S. Citizens* and qualified noncitizens as defined in 130 CMR 504.003(A)(1): *Qualified Noncitizens*, whose modified adjusted gross income of the MassHealth MAGI household is greater than 133 and less than or equal to 200% of the FPL are eligible for MassHealth Family Assistance.

(5) Disabled adults who are qualified noncitizens barred, as defined in 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, nonqualified individuals lawfully present, as defined in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present*, 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 Disabled Adult household is at or below 100% of the FPL are eligible for MassHealth Family Assistance.

(6) Certain Emergency Aid to the Elderly, Disabled and Children (EAEDC) recipients are eligible for MassHealth Family Assistance.

(7) Persons eligible for MassHealth Family Assistance must obtain and maintain all available health insurance as described in 130 CMR 503.007: *Potential Sources of Health Care*.

(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*.

(2) Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Family Assistance. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance

(a) have health insurance that MassHealth can help pay for; or

(b) have access to employer-sponsored insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay.

1. Investigations for Individuals Who Are Enrolled in Health Insurance.

a. If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): *Premium Assistance* and 130 CMR 506.012: *Premium Assistance Payments*.

b. If MassHealth determines that the health insurance the individual is

enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual continues to be eligible for MassHealth Family Assistance.

2. Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance (ESI).

a. If MassHealth determines the individual has access to employer-sponsored health insurance, the employer is contributing at least 50% of the premium cost, and the insurance meets all other criteria described at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that they must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: *Premium Assistance Payments*. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(G)(1): *Premium Assistance* and 130 CMR 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health insurance plan at the request of MassHealth will result in the loss or denial of eligibility.

b. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the individual continues to be eligible for MassHealth Family Assistance.

130 CMR 505.005(A) and (B).

522.004: Children's Medical Security Plan (CMSP)

(A) Regulatory Authority. The Children's Medical Security Plan (CMSP) is administered pursuant to M.G.L. c. 118E, § 10F.

(B) Overview. CMSP provides coverage to uninsured children younger than 19 years old who do not qualify for any other MassHealth coverage type, other than MassHealth Limited, and who do not have physician and hospital health-care coverage. To apply for these benefits, an applicant must submit an application as described in 130 CMR 502.001: *Application for Benefits* and 502.002: *Reactivating the Application*.

(C) Eligibility Requirements. Children are eligible for CMSP if they are

- (1) a resident of Massachusetts, as defined in 130 CMR 503.002: *Residence Requirements*;
- (2) younger than 19 years old;
- (3) not otherwise eligible for any other MassHealth coverage type, other than MassHealth Limited. Children who are otherwise eligible and who are not receiving

MassHealth coverage as a result of not complying with administrative requirements of MassHealth are not eligible for CMSP. Children who lose eligibility for MassHealth Family Assistance as a result of nonpayment of premiums or as a result of not enrolling in employer-sponsored health insurance through Premium Assistance are not eligible for CMSP; and

- (4) uninsured. An applicant or member is uninsured if he or she
  - (a) does not have insurance that provides physician and hospital health-care coverage;
  - (b) has insurance that is in an exclusion period; or
  - (c) had insurance that has expired or has been terminated.

(D) Premiums. The premium schedule and payment policies for CMSP are described in 130 CMR 506.011: *MassHealth and the Children's Medical Security Plan (CMSP) Premiums*.

(E) Copayments. Members are required to pay copayments for certain covered services. There are no required copayments for preventive and diagnostic services. No member will be exempt from copayment requirements.

- (1) The copayments for prescription drugs are
  - (a) \$3 for each generic drug prescription; and
  - (b) \$4 for each brand-name drug prescription.
- (2) The copayments for dental services are
  - (a) \$2 for members with modified adjusted gross income of the MassHealth MAGI household equal to or below 199.9% of the federal poverty level (FPL);
  - (b) \$4 for members with modified adjusted gross income of the MassHealth MAGI household between 200.0% to 400.0% FPL; and
  - (c) \$6 for members with modified adjusted gross income of the MassHealth MAGI household equal to or greater than 400.1% FPL.
- (3) The copayments for medical (nonpreventive visits) and mental health services are
  - (a) \$2 for members with modified adjusted gross income of the MassHealth MAGI household equal to or below 199.9% FPL;
  - (b) \$5 for members with modified adjusted gross income of the MassHealth MAGI household between 200.0% to 400.0% FPL; and
  - (c) \$8 for members with modified adjusted gross income of the MassHealth MAGI household equal to or greater than 400.1% FPL

(F) Medical Coverage Date. Except as provided at 130 CMR 522.004(H), coverage begins on the date of the final eligibility determination. The time standards for determining and redetermining eligibility are described at 130 CMR 502.005: *Time Standards for an Eligibility Determination* and 502.007: *Eligibility Review*.

(G) Benefits Provided. Benefits provided are described at M.G.L. c. 118E, § 10F. Included benefits are

- (1) preventive pediatric care;
- (2) sick visits;
- (3) office visits, first-aid treatment, and follow-up care;
- (4) provision of smoking prevention educational information and materials to the parent, guardian, or the person with whom the enrollee resides, as distributed by the Department of Public Health;
- (5) prescription drugs up to \$200 per state fiscal year;
- (6) urgent care visits, not including emergency care in a hospital outpatient or emergency department;
- (7) outpatient surgery and anesthesia that is medically necessary for the treatment of inguinal hernia and ear tubes;
- (8) annual and medically necessary eye exams;
- (9) medically necessary mental-health outpatient services, including substance-abuse treatment services, not to exceed 20 visits per fiscal year;
- (10) durable medical equipment, up to \$200 per state fiscal year, with an additional \$300 per state fiscal year for equipment and supplies related to asthma, diabetes, and seizure disorders only;
- (11) dental health services, up to \$750 per state fiscal year, including preventive dental care, provided that no funds will be expended for cosmetic or surgical dentistry;
- (12) auditory screening;
- (13) laboratory diagnostic services; and
- (14) radiologic diagnostic services.

(H) Enrollment Cap. The MassHealth agency may limit the number of children who can be enrolled in CMSP. When the MassHealth agency imposes such a limit, applicants will be placed on a waiting list when their eligibility has been determined. When the MassHealth agency is able to open enrollment for CMSP, the MassHealth agency will process the applications in the order they were placed on the waiting list.

130 CMR 522.004.

Here, the Appellant's household income is 352.47% of the 2024 federal poverty level. Accordingly, her child's income is greater than 300% of the federal poverty level and does not qualify for MassHealth Family Assistance. 130 CMR 505.005(A)(1) and (B)(1)(b). Therefore, MassHealth did not err in sending the October 15, 2024 notice.<sup>2</sup>

I credit and respect the Appellant's concern for the well-being of her child. To the extent that the Appellant's request for an exception is a challenge to the legality of the MassHealth regulations, in

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<sup>2</sup> Even using the updated 2025 FPL figures issued by the federal Centers for Medicare and Medicaid Services, 300% of the FPL for a household of two in 2025 is \$5,288.00 monthly income, and the appellant's household income of \$6,088.99 monthly income exceeds this figure. See, [Federal Poverty Guidelines - 2025 | Mass Legal Services](#).



accordance with 130 CMR 610.082(C)(2), as the hearing officer, I

must not render a decision regarding the legality of federal or state law including, but not limited to, the MassHealth regulations. If the legality of such law or regulations is raised by the appellant, the hearing officer must render a decision based on the applicable law or regulation as interpreted by the MassHealth agency. Such decision must include a statement that the hearing officer cannot rule on the legality of such law or regulation and must be subject to judicial review in accordance with 130 CMR 610.092.

130 CMR 610.082(C)(2).

The appeal is denied.

## **Order for MassHealth**

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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Emily Sabo  
Hearing Officer  
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171