

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



Appeal Decision:	Denied	Appeal Number:	2419869
Decision Date:	03/13/2025	Hearing Date:	01/30/2025
Hearing Officer:	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Lisa Duffney

**Interpreter:**



*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>	03/13/2025	<b>Hearing Date:</b>	01/30/2025
<b>MassHealth's Rep.:</b>		<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Room 2	<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 12/09/2024, MassHealth informed the appellant that it denied her application for MassHealth benefits because the family has more countable income than MassHealth benefits allow. MassHealth informed the appellant that she was eligible for Health Safety Net and a Health Connector Plan (see 130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). The appellant filed this appeal in a timely manner on 12/26/2024 (see 130 CMR 610.015(B) and Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's MassHealth benefits because her household's income exceeds the program limits.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits because her income exceeds the program limits.

## **Summary of Evidence**

Exhibits 1-3 were admitted into evidence. The appellant appeared at the fair hearing telephonically, as did the MassHealth representative.

The MassHealth representative testified that the appellant is under 65 years of age, and she lives in the community. She is part of a household of two people, including her child, who is under the age of 19. On 12/09/2024, the appellant applied for MassHealth benefits for herself and for her child. Based on the verified information received, MassHealth determined that the family has gross monthly income of \$3,033.00, which is equal to 173.11% of the federal poverty level (FPL) for a household of two people. Because the income exceeds 133% of the FPL (\$2,266.00 per month as of 03/2024), the appellant is not eligible for MassHealth benefits.

The appellant's child was approved for MassHealth Family Assistance benefits, with a monthly premium of \$12.00. The child is not eligible for MassHealth Standard benefits because the family's gross monthly income exceeds 150% of the FPL.

The appellant testified with the assistance of a Haitian/Creole interpreter. The appellant stated that she understood the MassHealth testimony. She did not wish to say any more.

## **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 child, who his under 19 years of age. For the purposes of MassHealth eligibility, the appellant is a member of a household of two people (Testimony).
2. The family's gross monthly income is \$3,033.00 (Testimony).
3. The family's gross monthly income is equal to 173% of the FPL.
4. 133% of the federal poverty level for a household of two is \$2,266.00 as of 03/2024.
5. 150% of the federal poverty level for a household of two is \$2,555.00 as of 03/2024.
6. On 12/09/2024, MassHealth informed the appellant that it denied her application for MassHealth benefits because the family has more countable income than MassHealth benefits

allow (Exhibit 1)

7. MassHealth informed the appellant that she was eligible for Health Safety Net and a Health Connector Plan (Exhibit 1).
8. The appellant filed this appeal in a timely manner on 12/26/2024 (Exhibit 2).
9. A fair hearing was held on 01/30/2025. All parties appeared telephonically (Exhibit 3).
10. The appellant provided no evidence to show that MassHealth incorrectly calculated her income or family size.

## **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

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

***(Emphasis added.)***

MassHealth first determined that the appellant is not eligible for MassHealth benefits because the family's income exceeds the guidelines for that benefit. MassHealth determined that the appellant's gross monthly income is \$3,033.00. The appellant did not dispute her income. They are counted as household of two people. The income is 173% 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 \$2,266.00. Since her gross monthly income of \$3,033.00 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 \$2,555.00. Since the household's income of \$3,033.00 exceeds 150% of the FPL, the appellant's child is not eligible for MassHealth Standard benefits. The income is less than 300% of the FPL, or \$5,110.00, so MassHealth correctly determined the child is eligible for MassHealth Family Assistance benefits. According to the above regulations, because the appellant's income is between 150% and 200% of the FPL, MassHealth correctly determined the monthly premium is \$12.00.

Although it was not clear from the appellant's testimony which part of the MassHealth determination she disagreed with, 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**

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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186