

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500818
Decision Date:	2/12/2025	Hearing Date:	02/11/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Eric Mattos, Springfield MassHealth
Enrollment Center

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

Appeal Decision:	Denied	Issue:	Community Eligibility - under 65
Decision Date:	2/12/2025	Hearing Date:	02/11/2025
MassHealth's Rep.:	Eric Mattos	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center Room 2 (Telephone)	Aid Pending:	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 November 19, 2024, MassHealth informed the appellant that her minor child's MassHealth benefits were being downgraded from MassHealth Standard with Premium Assistance to MassHealth CommonHealth with Premium Assistance on December 3, 2024, because the minor child no longer "meets the rules as they are described in Massachusetts regulation 130 CMR 505.000." *See* 130 CMR 505.000 and Exhibit 1. The Appellant filed this appeal in a timely manner on January 13, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Agency action related to scope and amount of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth informed the appellant that her minor child's MassHealth benefits were being downgraded.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.000, in determining that it was appropriate to downgrade the minor child's MassHealth coverage.

Summary of Evidence

The appellant appeared telephonically; she verified her identity and her minor child's identity, and she testified through a Spanish interpreter. MassHealth was represented by a worker from the Springfield MassHealth Enrollment Center; he also appeared telephonically. The following is a summary of the testimony and documentary evidence presented at the hearing:

The MassHealth representative stated that the appellant is appealing the November 19, 2024, downgrade notice that was sent to her minor child. The appellant resides in a household of six, which consists of the appellant, the appellant's spouse, and their four minor children. One of the appellant's children has a verified disability, and he is the household member who is eligible for MassHealth CommonHealth. The MassHealth representative explained that the reason for the downgrade in coverage from MassHealth Standard to MassHealth CommonHealth is because the appellant's disabled minor child had been enrolled in MassHealth Standard pursuant to MassHealth's continuous coverage rules¹. The disabled minor child was eligible to receive, and did receive, MassHealth Standard with Premium Assistance from October 7, 2023, through October 31, 2024. In November 2024, the family's income was verified as \$8,433.96. For a household of six, this equates to a Federal Poverty Level (FPL) of 236.20%. Testimony. In order for the appellant's disabled minor child to continue to qualify financially for MassHealth Standard, the household's FPL cannot exceed 150%, equivalent to monthly income of \$5,245.00 per month. Testimony. Based upon the household's income, the appellant's minor child is no longer eligible for MassHealth Standard, but due to his verified disability, he is eligible for MassHealth CommonHealth with Premium Assistance. Testimony.

The appellant responded that she does not dispute MassHealth's calculation of her income and household FPL. Testimony. She understands that her household does not financially qualify for MassHealth benefits. However, her son has a diagnosis of autism and it is a severe case. She really wants her son to continue to receive MassHealth Standard because he is enrolled in a program through another agency that is only open to MassHealth Standard recipients. Her son is due to complete the program in August 2025, and she would like the hearing officer to extend his

¹ Pursuant to MassHealth Eligibility Operations Memo 24-02, "Continuous Eligibility for Certain MassHealth Members" (March 2024): "As of January 1, 2024, MassHealth has provided 12 months of continuous eligibility for children younger than the age of 19 enrolled in Medicaid and CHIP programs. Even if a child or household experienced a change in circumstances that would otherwise make the child ineligible for benefits, their 12-month continuous eligibility period will not be affected, except as outlined in this EOM."

MassHealth eligibility until that time so that he may complete the program. Testimony. After questioning, the appellant stated that her son had been enrolled in the program prior to receiving MassHealth benefits. The appellant was urged to communicate directly with the agency that enrolled her child in the program to see what her son's options may be for finishing the program in 2025, if he is no longer eligible for MassHealth Standard benefits.

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 who resides in a household of six comprised of two married adults and their four minor children. Testimony.
2. One of the appellant's minor children has a verified disability. Testimony.
3. On November 19, 2024, MassHealth informed the appellant that her disabled minor child's MassHealth benefits were being downgraded from MassHealth Standard with Premium Assistance to MassHealth CommonHealth with Premium Assistance. Exhibit 1.
4. The appellant filed a timely appeal on January 13, 2025. Exhibit 2.
5. The appellant's disabled minor child was entered into the continuous eligibility period from October 8, 2023 through October 31, 2024, pursuant to EOM 24-02, and was enrolled in MassHealth Standard.
6. The household's income is 236.20% of the federal poverty level. Testimony.
7. A monthly income at 150% of the federal poverty level equates to \$5,245.00 for a family of six. Testimony, 2024 MassHealth Income Standards and Federal Poverty Level Guidelines.

Analysis and Conclusions of Law

To qualify for MassHealth benefits, applicants are required to meet certain categorical and financial criteria. The MassHealth regulations at 130 CMR 505.002(C) provide that children are eligible for MassHealth Standard if:

(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).

...

(2) Children One through 18 Years Old.

(a) A child one through 18 years old 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; and
2. the child is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A): Lawfully Present Immigrants.

(b) Eligibility for a child who is pregnant is determined under 130 CMR 505.002(D).

130 CMR 505.002(B)(2).

MassHealth CommonHealth coverage is available to disabled children that do not qualify for MassHealth Standard. *See* 130 CMR 505.004. Disabled children younger than 18 years old must meet the following requirements:

(1) be permanently and totally disabled, as defined in 130 CMR 501.001:

Definition of Terms;

(2) be ineligible for MassHealth Standard; and

(3) be a citizen as described at 130 CMR 504.002: *U.S. Citizens*, lawfully present immigrant, or a nonqualified PRUCOL, as described in 130 CMR 504.003: *Immigrants*.

130 CMR 505.004(G).

To establish eligibility for MassHealth, the applicant must meet both categorical *and* financial requirements for the applicable coverage type. To be financially eligible for MassHealth Standard, adults between the ages of 21 and 64 must have a household income less than or equal to 133% of the FPL. *See* 130 CMR 505.002. For a household size of six (6) in 2024, that income limit was \$5,245.00 per month. *See 2024 MassHealth Income Standards & Federal Poverty Guidelines*. Minor children between the ages of one through eighteen years old are financially eligible for MassHealth Standard if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level.” 130 CMR 505.002(B)(2)(a)(1). In this case, the appellant did not dispute the calculation of the household’s federal poverty level of 236.20% for their household of six. The household federal poverty level exceeds the amount allowed by regulation for both the minor children and the adults in the household to receive MassHealth benefits.

Here, there is no dispute that the appellant’s minor child is disabled. Much of the appellant’s testimony described the treatment and therapy that her child receives through another agency. MassHealth CommonHealth coverage is available to disabled children that do not qualify for MassHealth Standard. The appellant’s household FPL of 236.20% places them outside of the financial requirements to qualify for MassHealth Standard. However, the minor child’s verified

disability allows him to continue to receive MassHealth benefits; specifically, he is eligible for MassHealth CommonHealth with Premium Assistance.

Based upon the record, evidence, MassHealth did not err when it determined that the appellant's household no longer meets the rules under the regulations for continuous coverage, and MassHealth did not err when it sent the November 19, 2024 notice to the appellant's disabled minor child informing him that his coverage would be downgraded on December 3, 2024.

For these reasons, this 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104