

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501001
Decision Date:	4/7/2025	Hearing Date:	02/13/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Millie Behnk



*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 - Income
Decision Date:	4/7/2025	Hearing Date:	02/13/2025
MassHealth's Rep.:	Millie Behnk	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center	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 01/03/2025, MassHealth informed the appellant that it decided she was no longer eligible for MassHealth Standard plus Premium Assistance 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 (130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). On 01/16/2025, The appellant filed this appeal in a timely manner. (130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth downgraded the appellant's eligibility from MassHealth Standard plus Premium Assistance to Health Safety Net with a referral to the Health Connector.

Issues

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth Standard benefits plus Premium Assistance benefits because the family's income exceeds the program limits.

Summary of Evidence

Exhibits 1-4 were admitted into evidence. The appellant appeared at the fair hearing telephonically. The MassHealth representative also appeared telephonically.

The MassHealth representative testified that the appellant is under 65 years of age, and she lives in the community with her two children, who are under ■ years of age. The appellant was previously determined to be eligible for MassHealth Standard benefits, having been determined to be categorically eligible by being the parent of two children in the home, and financially eligible with the family's countable income being below 133% of the federal poverty level for a household of 3 people. The appellant was also eligible for and receiving MassHealth Premium Assistance benefits, whereby MassHealth pays a portion of, or all of, the employee's share of the cost of an employer-sponsored Health Insurance plan.

The appellant and her family were eligible for and receiving MassHealth benefits during a Transitional Medical Assistance program (TMA). This program allows a member to continue to receive MassHealth benefits for a period of one year despite an increase in earned income. Once the TMA period ends, MassHealth conducts an eligibility review, that includes verifying members' income. In this case, the appellant and her children had been on TMA until 01/17/2025. At that time, MassHealth, in an effort to verify the appellant's income, performed a federal data match. According to the matched income, the appellant earns \$49,620.00 annually, which is equal to \$4,135.00 per month. For a family of three, the income represents 239% of the Federal Poverty Level (FPL).

For a parent of a child, the income limit for MassHealth Standard benefits is 133% of the FPL, or \$2,862.00 per month for a household of three people. In this case, the appellant's income continues to be over the income guideline for MassHealth benefits. As a result, she is no longer eligible for MassHealth Standard plus Premium Assistance benefits. The appellant may re-verify her income with MassHealth at any time and a new eligibility determination will be made.

The appellant appeared at the fair hearing and testified telephonically. She stated that she will provide new income verification to MassHealth, but she is concerned about losing her MassHealth coverage.

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 two children. For the purposes of MassHealth eligibility, the family is counted as a household of three (Testimony).
2. Appellant's gross income is \$49,620.00 annually, or \$4,135.00 per month (Testimony).
3. 133% of the federal poverty level for a household of three is \$2,862.00 as of 03/2024.
4. 150% of the federal poverty level for a household of three is \$3,228.00 as of 03/2024.
5. 300% of the federal poverty level for a household of three is \$6,455.00 as of 03/2024.
6. Appellant and her children were previously determined to be eligible for MassHealth Standard benefits plus Premium Assistance benefits, having been determined to be categorically eligible by having two children under [REDACTED] in the home, and financially eligible with the family's countable income being below 133% of the federal poverty level for a household of 3 people.
7. The appellant was in a one-year TMA period that ended on 01/17/2025.
8. On 01/03/2025, MassHealth made a data match with the federal government. The data match showed the appellant earns \$49,620.00 annually.
9. Through a notice dated 01/03/2025, MassHealth informed the appellant that it decided she was no longer eligible for MassHealth Standard plus Premium Assistance benefits because the family has more countable income than MassHealth benefits allow. MassHealth terminated her MassHealth Standard benefits on 01/17/2025 (Exhibit 1; Testimony).
10. Through the 01/03/2025 notice, MassHealth informed the appellant that she is eligible for Health Safety Net and a Health Connector plan (Exhibit 1; Testimony).
11. The appellant filed this appeal in a timely manner on 01/16/2025 (Exhibit 2).
12. A fair hearing was held on 02/13/2025. The MassHealth representative appeared telephonically, as did the appellant (Exhibit 3).

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)...

(Emphasis added.)

MassHealth determined that the appellant and her two children are no longer eligible for MassHealth Standard plus Premium Assistance benefits because the income household's income exceeds the guidelines for that benefit. MassHealth determined that the appellant's gross monthly income is \$4,135.00. The appellant did not dispute her income. They are counted as household of three people. The income is 239% 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 \$2,862.00. Since her gross monthly income of \$4,135.00 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.

Although the appellant stated she was dissatisfied with MassHealth's eligibility determination, 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

Release aid pending.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

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