

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2501532
<b>Decision Date:</b>	3/13/2025	<b>Hearing Date:</b>	02/28/2025
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Monica Ramirez, Quincy MassHealth  
Enrollment Center



*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 – Minor Child
<b>Decision Date:</b>	3/13/2025	<b>Hearing Date:</b>	02/28/2025
<b>MassHealth’s Rep.:</b>	Monica Ramirez	<b>Appellant’s Rep.:</b>	Father
<b>Hearing Location:</b>	Quincy MassHealth Enrollment Center Room 1 (Telephone)	<b>Aid Pending:</b>	No

### Authority

This hearing was conducted pursuant to Massachusetts General Laws (“M.G.L.”) Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through a notice dated December 1, 2024, MassHealth informed the appellant, a minor child, that his MassHealth benefits were being downgraded from MassHealth Standard to the Children’s Medical Security Plan on December 31, 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 24, 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, a minor child, that his 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 appellant's MassHealth coverage.

## Summary of Evidence

The appellant was represented by his father, who appeared telephonically; he verified his identity and the appellant's identity. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center; she also appeared telephonically. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative stated that the appellant is appealing the December 1, 2024 downgrade notice. The appellant resides in a household of four, which consists of the appellant, his father, his mother, and his sibling who is also a minor child. The MassHealth representative testified that the appellant's household has a verified income of as \$163,000.00 per year. For a household of four, this equates to a Federal Poverty Level (FPL) of 519.55%. Testimony. The MassHealth representative explained that the reason for the downgrade in coverage from MassHealth Standard to the Children's Medical Security Plan is because the appellant's household had been enrolled in MassHealth Standard pursuant to MassHealth's continuous coverage rules.<sup>12</sup> The appellant was eligible to receive, and did receive, MassHealth Standard from November 21, 2023 through November 30, 2024. Testimony and Exhibit 4. In order for the appellant's minor child to continue to qualify financially for MassHealth Standard, the household's FPL cannot exceed 150%, equivalent to monthly income of \$3,900.00, or \$46,800.00 annually.<sup>3</sup> Testimony. Based upon the household's income, the appellant is no longer eligible for MassHealth Standard. Testimony.

The appellant's father responded that he does not dispute MassHealth's calculation of his income and household FPL. Testimony. He understands that his household does not financially qualify for MassHealth benefits, but he is in a difficult situation. He is an H-1B visa holder, and his employer will not provide health insurance to his family because his son, the appellant, has a chronic illness that will cause the health care costs for his employer to go up. Testimony. He cannot afford to buy health insurance and he is worried about losing his visa and his employment. Testimony. The appellant's illness requires regular treatment, including injections, which he has gone without

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<sup>1</sup> Pursuant to MassHealth Eligibility Operations Memo (EOM) 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 [REDACTED] 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."

<sup>2</sup> The appellant's Medicaid Management Information System (MMIS) printout indicates that the appellant received a Transitional Medical Assistance (TMA) benefit from 7/31/2021-12/31/2024. Exhibit 4.

<sup>3</sup> The MassHealth representative testified to the 2024 MassHealth income guidelines; as of March 1, 2025, MassHealth adopted the 2025 income guidelines and in 2025, 150% of the federal poverty level for a family of four would reflect a monthly income of \$4,019.00 or \$48,228.00 per year. See <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>. Last visited: 3/13/2025.

since his MassHealth benefits ended. Testimony. The hearing officer asked if the appellant was listed as disabled in MassHealth's system, because the appellant's father described the appellant as having a very serious, chronic health condition. The MassHealth representative responded that the appellant is not deemed disabled in the HIX system, but he does have a disability logged in the Health Connector system. The appellant must have his disability verified by MassHealth and it is possible he will again become eligible for MassHealth benefits. Testimony. The appellant's father was urged to file a disability supplement directly with MassHealth as soon as possible so that the appellant's eligibility for MassHealth could be redetermined if MassHealth deems him to be disabled. Testimony.

## Findings of Fact

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

1. The appellant is a minor child who resides in a household of four comprised of two married adults and their two minor children. Testimony.
2. On December 1, 2024, MassHealth informed the appellant that his MassHealth benefits were being downgraded from MassHealth Standard to the Children's Medical Security Plan. Exhibit 1.
3. The appellant filed a timely appeal on January 24, 2025. Exhibit 2.
4. The appellant was entered into the continuous eligibility period from November 21, 2023 through November 30, 2024, pursuant to EOM 24-02, and was enrolled in MassHealth Standard. Testimony and Exhibit 5.
5. The household's income is 519.55% of the federal poverty level. Testimony.
6. An annual income at 150% of the federal poverty level equates to \$46,800.00 for a family of four. 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 [REDACTED] Years Old.

(a) A child [REDACTED] 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).

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 [REDACTED] must have a household income less than or equal to 133% of the FPL. *See* 130 CMR 505.002. For a household size of four (4) in 2024, that income limit was \$46,800.00 per month. *See 2024 MassHealth Income Standards & Federal Poverty Guidelines*. Minor children between the ages of [REDACTED] 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 519.55% for their household of four. 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.

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 December 1, 2024 notice to the appellant informing him that his coverage would be downgraded on December 31, 2024. Although the testimony of the appellant’s father was extremely credible regarding the appellant’s serious medical condition, the appellant does not currently have a verified disability with MassHealth, and therefore the appellant is not currently eligible for MassHealth benefits.<sup>4</sup>

For these reasons, this appeal is DENIED.

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<sup>4</sup> For a list of services available to children enrolled in the Children’s Medical Security Plan in Massachusetts, *see* M.G.L. c. 118E, § 10F and 130 CMR 522.004 *et seq.*

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

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