

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2503178
<b>Decision Date:</b>	06/05/2025	<b>Hearing Date:</b>	03/28/2025
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Faisal Mugimu, Charlestown MassHealth  
Enrollment Center (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>	06/05/2025	<b>Hearing Date:</b>	03/28/2025
<b>MassHealth's Rep.:</b>	Faisal Mugimu, Charlestown MEC	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center	<b>Aid Pending:</b>	Yes

### 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 January 17, 2025, MassHealth terminated the appellant's MassHealth Standard benefits because MassHealth determined that the appellant was no longer eligible for such benefits. (see 130 CMR 505.002 and Exhibit 1). The appellant filed this appeal in a timely manner on February 24, 2025 and received aid pending appeal. (see 130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth Standard benefits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002, in determining that the appellant is no longer eligible for MassHealth Standard.

## Summary of Evidence

The appellant appeared telephonically and verified her identity. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center in Charlestown. The MassHealth representative stated that the appellant lives in a household of 2 with her [REDACTED] child. The MassHealth representative stated that the appellant was currently on MassHealth Standard, but the Hearing Office pointed out that this was only due to the aid pending protection put in place by the Board of Hearings (BOH). The MassHealth representative stated that the appellant has income of \$1,505.95 every two weeks. The Hearing Officer asked the MassHealth representative to provide more details such as the gross monthly amount and the source of income. The MassHealth representative noted that he was having trouble with the system and it took some time to provide this information. The MassHealth representative stated that the appellant's income was from earnings and was 186.5% of the federal poverty level (FPL). The MassHealth representative stated that the appellant's income exceeds 133% of the FPL and thus she is not financially eligible for Standard. The appellant is eligible for a Connector Care plan. (Exhibit 1). Based on the Medicaid Management Information Systems (MMIS) screen in the record, the appellant is between the ages of 19 and 65 and was open on MassHealth Standard, most recently, since February, 2024. (Exhibit 3).

The appellant stated that her income has increased slightly. The appellant noted that she has surgery coming up and is willing to pay something to keep her MassHealth coverage.

## Findings of Fact

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

1. The appellant is between ages 19 and 65 and lives in a 2 person household with her [REDACTED] old child.
2. The appellant has gross earned income totaling \$3,262.64 per month.
3. 133% of the FPL for a family of 2 is \$2,345.00 per month.
4. There is no evidence that the appellant is disabled.

## Analysis and Conclusions of Law

#### 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);
- (b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and
- (c)

- 1. the parent lives with their children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of their children, or has children who are absent from home to attend school; or
- 2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

130 CMR 505.002(C).

The appellant was open on a category 40 MassHealth Standard case for parents of children under age 19. Once the appellant's child turned 19, the appellant was no longer categorically eligible for MassHealth Standard for parents of children under 19<sup>1</sup>. Accordingly, MassHealth was correct to terminate the MassHealth Standard coverage for parents.

The appellant has categorical eligibility for MassHealth CarePlus but the income limit for such coverage is 133% of the FPL.

#### MassHealth CarePlus

##### (A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): MassHealth CarePlus and 130 CMR 508.000: MassHealth: Managed Care Requirements and must meet the following conditions.

(a) The individual is an adult 21 through 64 years old.

(b) The individual is a citizen, as described in 130 CMR 504.002: U.S. Citizens, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): Qualified Noncitizens.

(c) The individual's modified adjusted gross income of the MassHealth MAGI household is

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<sup>1</sup> The MassHealth representative missed this important point and focused instead on the income.

less than or equal to 133% of the federal poverty level.

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

(130 CMR 505.008(A)).

The appellant lives in a 2 person household with a total gross monthly income of \$3,262.64 a month. Such amount is equal to 185% FPL for a household of 2. MassHealth deducts 5 percentage points to determine countable income for eligibility purposes, thus the appellant's countable income is 180% of the FPL. (130 CMR 506.007(A)(3)). The income limit for CarePlus is 133% of the FPL, thus the appellant is not financially eligible for such coverage.

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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Scott Bernard (Patricia Mullen)  
Hearing Officer  
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129