

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503521
Decision Date:	4/9/2025	Hearing Date:	04/03/2025
Hearing Officer:	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

Appeal Decision:	Denied	Issue:	Community eligibility – under 65; Income
Decision Date:	4/9/2025	Hearing Date:	04/03/2025
MassHealth's Rep.:	Monica Ramirez	Appellant's Rep.:	Pro se (mother)
Hearing Location:	Quincy Harbor South 3 (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 February 15, 2025, MassHealth notified the appellant that it was downgrading her minor child's benefit from MassHealth Family Assistance to the Children's Medical Security Plan "because of a change in their circumstances...this person had been getting benefits based on MassHealth's continuous coverage rules. Our records show that this person no longer meets these rules as they are described in Massachusetts regulation 130 CMR 505.000." See 130 CMR 505.005(B)(1)(b) and Exhibit 1. The appellant filed this appeal in a timely manner on March 3, 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 downgraded the appellant's minor child's benefit from MassHealth Family Assistance to the Children's Medical Security Plan.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.005(B)(1)(b), in downgrading the Appellant's child's benefit from MassHealth Family Assistance to the Children's Medical Security Plan.

Summary of Evidence

The appellant appeared telephonically; she verified her identity and her minor child'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 February 15, 2025 downgrade notice. The appellant resides in a household of four, which consists of the appellant, the appellant's spouse, and their two minor children. The household's annual renewal was done by the MassHealth computer system in February 2025. The MassHealth representative testified that the appellant's household has a verified income of as \$129,120.00 per year. For a household of four, this equates to a Federal Poverty Level (FPL) of 408.85%. Testimony. The MassHealth representative stated that when she reviewed this case and outreached to the appellant, the appellant told her that she was appealing because she believes her children should be eligible for MassHealth Standard benefits. The MassHealth representative stated that for the household to qualify for MassHealth Standard benefits, the household FPL cannot exceed 133%, equivalent to \$42,768.00 in annual income, and for the minor children to qualify for MassHealth Standard benefits, the household FPL cannot exceed 150%, which is equivalent to \$48,228.00 in annual income.

The MassHealth representative explained that the reason for the downgrade in coverage from MassHealth Family Assistance to the Children's Medical Security Plan is because the appellant's minor child had been enrolled in MassHealth Family Assistance pursuant to MassHealth's continuous coverage rules.^{1,2} The appellant's minor child received MassHealth Family Assistance from March 2024 through March 2025. Testimony and Exhibit 4. For the minor child to continue to qualify financially for MassHealth Family Assistance, the household's FPL cannot exceed 300%,

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 [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."

² A printout from MassHealth's Medicaid Management Information System (MMIS) indicates that the appellant received a Transitional Medical Assistance (TMA) benefit from 10/29/2020-3/7/2024. Exhibit 4.

equivalent to \$96,456.00 in annual income.³ Testimony. Based upon the household's income, the appellant's minor child is no longer eligible for MassHealth Family Assistance. Testimony.

The appellant agreed with MassHealth's calculation of her household income and FPL. She is here today because she had a confusing experience with MassHealth customer service. The appellant stated that earlier in 2024, she was told by MassHealth customer service that her children would be covered under MassHealth Standard regardless of the household's income. Testimony. During a different encounter with MassHealth customer service, after the appellant's second child was born in [REDACTED] the appellant stated that when she called customer service to add her second child to her other minor child's MassHealth Family Assistance plan, she was told that she could not add her newborn due to the household income exceeding the amount to qualify for MassHealth benefits. At the time, she understood the MassHealth customer service representative's explanation, but it did not make sense why the appellant's other minor child was also not removed from MassHealth Family Assistance plan at that time. Testimony. The MassHealth representative could not comment on the appellant's experience with MassHealth customer service, but she explained that the appellant's minor child had been enrolled in Family Assistance due to the continuous coverage rules, and that is why the appellant's minor child remained on that plan until the household's annual renewal in February 2025, when the household's income was verified by MassHealth.

Findings of Fact

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

1. The appellant is an adult under the age of [REDACTED] who resides in a household of four, comprised of two married adults and their two minor children. Testimony and Exhibit 4.
2. On February 15, 2025, MassHealth informed the appellant that her minor child's MassHealth benefits were being downgraded from MassHealth Family Assistance to the Children's Medical Security Plan. Exhibit 1.
3. The appellant filed a timely appeal of this notice on March 3, 2025. Exhibit 2.
4. The appellant's minor child was entered into the continuous eligibility period from March 2024 through March 2025, pursuant to EOM 24-02, and specifically, was enrolled in MassHealth Family Assistance. Testimony and Exhibit 4.
5. The household's modified adjusted gross income (MAGI) is 408.85% of the federal poverty level. Testimony.

6. An annual MAGI at 300% of the federal poverty level equates to \$96,456.00 for a family of four. Testimony, 2025 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 505.005 provides that children are eligible for MassHealth Family Assistance if:

130 CMR 505.005: MassHealth Family Assistance

(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.

(2) Children and young adults who are 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 at or below 150% of the FPL are eligible for MassHealth Family Assistance. Children under age one who are 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 at or below 200% of the FPL are eligible for MassHealth Family Assistance. Young adults who are 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 FPL are eligible for MassHealth Family Assistance.

(3) Adults who are 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 at or below 300% of the FPL are eligible for MassHealth Family Assistance.

(4) HIV-positive individuals who are citizens as defined in 130 CMR 504.002: *U.S. Citizens* and qualified noncitizens as defined in 130 CMR 504.003(A)(1): *Qualified Noncitizens*, whose modified adjusted gross income of the MassHealth MAGI household is greater than 133 and less than or equal to 200% of the FPL are eligible for MassHealth Family Assistance.

(5) Disabled adults who are qualified noncitizens barred, as defined in 130 CMR

504.003(A)(2): *Qualified Noncitizens Barred*, nonqualified individuals lawfully present, as defined in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present*, 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 Disabled Adult household is at or below 100% of the FPL are eligible for MassHealth Family Assistance.

(6) Certain Emergency Aid to the Elderly, Disabled and Children (EAEDC) recipients are eligible for MassHealth Family Assistance.

(7) Persons eligible for MassHealth Family Assistance must obtain and maintain all available health insurance as described in 130 CMR 503.007: *Potential Sources of Health Care*.

(B) Eligibility Requirements for Children with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 150% and Less than or Equal to 300% of the Federal Poverty Level. Children younger than ■ years old are eligible for MassHealth Family Assistance coverage described in 130 CMR 505.005(B) if they meet the following criteria.

(1) Eligibility Requirements. A child is eligible if

(a) the child is younger than ■ years old;

(b) the child's 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);

(c) the child is ineligible for MassHealth Standard or CommonHealth;

(d) the child is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as defined in 130 CMR 504.003(A), or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*;

(e) the child complies with 130 CMR 505.005(B)(2) and meets one of the following criteria:

1. the child is uninsured; or

2. the child has health insurance that meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*.

(2) Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Family Assistance. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance

(a) have health insurance that MassHealth can help pay for; or

(b) have access to employer-sponsored insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay.

1. Investigations for Individuals Who Are Enrolled in Health Insurance.

a. If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that

MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): *Premium Assistance* and 130 CMR 506.012: *Premium Assistance Payments*.

b. If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual continues to be eligible for MassHealth Family Assistance.

2. Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance (ESI).

a. If MassHealth determines the individual has access to employer-sponsored health insurance, the employer is contributing at least 50% of the premium cost, and the insurance meets all other criteria described at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that they must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: *Premium Assistance Payments*. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(G)(1): *Premium Assistance* and 130 CMR 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health insurance plan at the request of MassHealth will result in the loss or denial of eligibility.

b. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the individual continues to be eligible for MassHealth Family Assistance.

130 CMR 505.005(A) and (B). (Emphases added.)

130 CMR 522.004: Children's Medical Security Plan (CMSP)

(A) Regulatory Authority. The Children's Medical Security Plan (CMSP) is administered pursuant to M.G.L. c. 118E, § 10F.

(B) Overview. CMSP provides coverage to uninsured children younger than [REDACTED] years old who do not qualify for any other MassHealth coverage type, other than MassHealth Limited, and who do not have physician and hospital health-care coverage. To apply for these benefits, an applicant must submit an application as described in 130 CMR 502.001: *Application for Benefits* and 502.002: *Reactivating the Application*.

(C) Eligibility Requirements. Children are eligible for CMSP if they are

(1) a resident of Massachusetts, as defined in 130 CMR 503.002: *Residence*

Requirements;

(2) younger than ■ years old;

(3) not otherwise eligible for any other MassHealth coverage type, other than MassHealth Limited. Children who are otherwise eligible and who are not receiving MassHealth coverage as a result of not complying with administrative requirements of MassHealth are not eligible for CMSP. Children who lose eligibility for MassHealth Family Assistance as a result of nonpayment of premiums or as a result of not enrolling in employer-sponsored health insurance through Premium Assistance are not eligible for CMSP; and

(4) uninsured. An applicant or member is uninsured if he or she

(a) does not have insurance that provides physician and hospital health-care coverage;

(b) has insurance that is in an exclusion period; or

(c) had insurance that has expired or has been terminated.

(D) Premiums. The premium schedule and payment policies for CMSP are described in 130 CMR 506.011: *MassHealth and the Children's Medical Security Plan (CMSP) Premiums*.

(E) Copayments. Members are required to pay copayments for certain covered services. There are no required copayments for preventive and diagnostic services. No member will be exempt from copayment requirements.

(1) The copayments for prescription drugs are

(a) \$3 for each generic drug prescription; and

(b) \$4 for each brand-name drug prescription.

(2) The copayments for dental services are

(a) \$2 for members with modified adjusted gross income of the MassHealth MAGI household equal to or below 199.9% of the federal poverty level (FPL);

(b) \$4 for members with modified adjusted gross income of the MassHealth MAGI household between 200.0% to 400.0% FPL; and

(c) \$6 for members with modified adjusted gross income of the MassHealth MAGI household equal to or greater than 400.1% FPL.

(3) The copayments for medical (nonpreventive visits) and mental health services are

(a) \$2 for members with modified adjusted gross income of the MassHealth MAGI household equal to or below 199.9% FPL;

(b) \$5 for members with modified adjusted gross income of the MassHealth MAGI household between 200.0% to 400.0% FPL; and

(c) \$8 for members with modified adjusted gross income of the MassHealth MAGI household equal to or greater than 400.1% FPL

(F) Medical Coverage Date. Except as provided at 130 CMR 522.004(H), coverage begins on the date of the final eligibility determination. The time standards for determining and redetermining eligibility are described at 130 CMR 502.005: *Time Standards for an Eligibility*

Determination and 502.007: Eligibility Review.

(G) Benefits Provided. Benefits provided are described at M.G.L. c. 118E, § 10F. Included benefits are

- (1) preventive pediatric care;
- (2) sick visits;
- (3) office visits, first-aid treatment, and follow-up care;
- (4) provision of smoking prevention educational information and materials to the parent, guardian, or the person with whom the enrollee resides, as distributed by the Department of Public Health;
- (5) prescription drugs up to \$200 per state fiscal year;
- (6) urgent care visits, not including emergency care in a hospital outpatient or emergency department;
- (7) outpatient surgery and anesthesia that is medically necessary for the treatment of inguinal hernia and ear tubes;
- (8) annual and medically necessary eye exams;
- (9) medically necessary mental-health outpatient services, including substance-abuse treatment services, not to exceed 20 visits per fiscal year;
- (10) durable medical equipment, up to \$200 per state fiscal year, with an additional \$300 per state fiscal year for equipment and supplies related to asthma, diabetes, and seizure disorders only;
- (11) dental health services, up to \$750 per state fiscal year, including preventive dental care, provided that no funds will be expended for cosmetic or surgical dentistry;
- (12) auditory screening;
- (13) laboratory diagnostic services; and
- (14) radiologic diagnostic services.

(H) Enrollment Cap. The MassHealth agency may limit the number of children who can be enrolled in CMSP. When the MassHealth agency imposes such a limit, applicants will be placed on a waiting list when their eligibility has been determined. When the MassHealth agency is able to open enrollment for CMSP, the MassHealth agency will process the applications in the order they were placed on the waiting list.

130 CMR 522.004.

Here, the appellant's household income is approximately 408.85% of the 2025 federal poverty level. Accordingly, her minor child's income is greater than 300% of the federal poverty level and she does not qualify for MassHealth Family Assistance. 130 CMR 505.005(A)(1) and (B)(1)(b). Therefore, 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 in sending the February 15, 2025 notice downgrading the appellant's minor child's

MassHealth benefit from MassHealth Family Assistance to the Children's Medical Security Plan.

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

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