

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503557
Decision Date:	5/28/2025	Hearing Date:	04/10/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

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:	5/28/2025	Hearing Date:	04/10/2025
MassHealth's Rep.:	Monica Ramirez	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, Remote	Aid Pending:	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 3/4/25, MassHealth informed Appellant that her minor son's Standard benefit would be ending on 3/18/25 because he no longer met the program income limit, and that his coverage type would change to Family Assistance with a \$20 monthly premium, effective April 2025. *See* Exh. 1. Appellant filed a timely appeal on 3/4/25. *See* Exh. 2 and 130 CMR 610.015(B). Terminating a benefit and/or limiting the scope of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded Appellant's son's MassHealth benefit from Standard to Family Assistance effective 3/18/25 subject to a \$20 monthly premium starting April 2025.

Issue

The issues on appeal are: (1) whether Appellant's modified adjusted gross income places her son over the limit to remain eligible for Standard, and (2) whether MassHealth appropriately downgraded her son's coverage to Family Assistance with a \$20 monthly premium.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified that Appellant is an adult under the age of [REDACTED]. She lives with her minor son in a household size of two (2). Her son, who is under the age of [REDACTED], has been receiving MassHealth Standard since at least 2020. The MassHealth representative testified that children under the age of [REDACTED] are eligible for Standard if the household modified adjusted gross income (MAGI) is under 150% of the federal poverty level (FPL). For a household size of two (2) that limit is \$2,644 per month, or \$31,728. For adults, the income limit for Standard is 133% of the FPL, which for a household size of two (2) is \$2,345 per month, or \$28,140 per year.

On 3/4/25, MassHealth received an updated renewal from Appellant through which it was reported that Appellant receives an average weekly income of \$920, which amounts to an average monthly income of \$3,986.36 or average yearly income of \$47,836. The updated income was verified through electronic data sources and placed Appellant at 221.18% of the FPL.

Accordingly, MassHealth generated a notice dated 3/4/25, informing Appellant that her son's Standard benefit would end on 3/18/25 because the household income exceeded program limits, and that his coverage type would change to MassHealth Family Assistance with a \$20 monthly premium starting April of 2025. See Exh. 1. Because Appellant filed an appeal with the Board of Hearings, her son's Standard benefit is being protected through the pendency of this appeal.¹

The MassHealth representative testified that the next most comprehensive benefit for a child whose household income exceeds the limit for Standard, but remains under 300% of the FPL, is Family Assistance. Enrollment in Family Assistance is subject to a monthly premium – the amount of which is adjusted based on household size and income. The MassHealth representative testified that currently, there is no verified disability on file for Appellant's son; however, on the renewal, he was marked as having a potential disability. MassHealth recognizes disability determinations that have been made by the Social Security Administration (SSA) or through MassHealth's Disability Evaluation Services (DES) unit. Because he was flagged for a potential disability, MassHealth mailed Appellant a Child Disability Supplement to complete and return to DES. Once this is submitted, DES will conduct a review to determine whether Appellant's son is disabled in accordance with SSA rules. If he is deemed disabled, Appellant's son would then be upgraded from Family Assistance to CommonHealth. However, as long as Appellant's income exceeds the limit of 150%, her son will remain ineligible for

¹ It is noted that on 3/4/25 Appellant also received a notice indicating that she was not eligible for MassHealth benefits due to her income; however, Appellant explained she was only appealing the 3/4/25 notice pertaining to her son's coverage.

Standard regardless of disability status.

Appellant appeared at hearing and testified that she disagreed with the 3/4/25 eligibility determination. Appellant testified that she recently completed an adult disability supplement for herself but has yet to receive a child disability supplement and therefore has not applied on behalf of her son at this time. Appellant testified that regardless, her son has a disability determination as he is on an IEP through school for diagnoses of ADHD and diabetes. She was informed on numerous occasions that the reason her son is receiving MassHealth Standard is because he is on an IEP. Moreover, she was told that as long as he is on an IEP he will receive Standard. Since he remains on an IEP, the change in benefit is incorrect.

Appellant did not directly dispute the income information reported by MassHealth; however, she testified that she only brings home approximately \$800 per week given taxes and deductions. She cannot afford to pay for health insurance on this salary and is therefore seeking reinstatement of her son's Standard benefit.

Findings of Fact

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

1. Appellant is between the ages of [REDACTED] and is in a household size of two (2) with her minor son.
2. Appellant's son has been enrolled in MassHealth Standard since at least 2020.
3. Appellant is currently on an IEP through school for diagnoses of ADHD and diabetes; however, as of the hearing date, he did not have a verified disability status through MassHealth DES or the Social Security Administration.
4. Based on information Appellant submitted to MassHealth on 3/4/25, and which was electronically verified through available data sources, Appellant receives an average modified adjusted gross income (MAGI) of \$3,986.36 per month, placing her and her son at 221.18% of the FPL.
5. Through a notice dated 3/4/25, MassHealth informed Appellant that her son's Standard benefit would end on 3/18/25 due to being over the income limit, and that his coverage type would change to MassHealth Family Assistance with a \$20 monthly premium starting in April of 2025.

Analysis and Conclusions of Law

The issues on appeal are whether MassHealth correctly determined that Appellant no longer qualified for Standard because his household income exceeded the program limit; and if so, whether MassHealth appropriately downgraded his coverage to Family Assistance with a \$20 monthly premium.

MassHealth is responsible for the administration and delivery of Medicaid (“MassHealth”) services to eligible low- and moderate-income individuals, couples, and families. See 130 CMR 501.002(A). MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage-types are listed as follows:

The MassHealth coverage types are listed as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,² disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults [REDACTED] years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance for adults or young adults
- (6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

See 130 CMR 505.001(A)

To establish eligibility for any of the aforementioned coverage types, the individual must meet *both* categorical and financial requirements. As a minor under the age of [REDACTED] Appellant is *categorically* eligible for MassHealth Standard and Family Assistance only. To be *financially* eligible

² “Young adults” are defined at 130 CMR 501.001 as those aged [REDACTED]

for Standard, individuals aged ■ and younger must have a household modified adjusted gross income (MAGI) less than or equal to 150% of the federal poverty level (FPL). See 130 CMR 505.002(B)(2). For individuals in a household size of two (2), that limit is \$2,644 per month. See *2025 MassHealth Income Standards & Federal Poverty Guidelines*. Countable household income includes both earned and unearned income, as described in 130 CMR 506.003(A)-(B), less deductions described in 130 CMR 506.003(D). See 130 CMR 506.003. Countable earned income “is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.” See 130 CMR 506.003(A).

The evidence shows that on 3/4/25, MassHealth received updated income information showing that Appellant receives an average modified adjusted gross (MAGI) income \$3,986.36 per month, placing her and her son at 221.18% of the FPL. While Appellant acknowledged that her actual take-home income was less than the amount reported, there was no argument or evidence presented to suggest that the amount on file was inaccurate or inflated. See 130 CMR 501.010. Therefore, MassHealth correctly determined that Appellant was no longer eligible for Standard due to having income over 150% of the FPL.

Notably, Appellant’s son was ineligible for CommonHealth because he did not have a verified disability as of the hearing date. While the evidence indicates that Appellant’s son has an IEP and diagnoses of ADHD and diabetes, the term “disability” – as used solely for purposes of determining MassHealth eligibility - requires that the individual be deemed “permanently and totally disabled as defined under 130 CMR 501.001” as established by either the Mass Commission for the Blind, the Social Security Administration (SSA), or Disability Evaluation Services (DES). As Appellant had not been evaluated under this standard, MassHealth could not deem him eligible for CommonHealth.

However, given that Appellant’s son was under the age of ■ with a household MAGI between 150% and 300% of the FPL, MassHealth correctly determined that the next most comprehensive benefit for which he was eligible was Family Assistance. See 130 CMR 505.005(A). According to 130 CMR 506.011, MassHealth may charge a monthly premium to members enrolled in Standard, CommonHealth, or Family Assistance who have income above 150% of the FPL. See 130 CMR 506.011. The premium formula for children receiving Family Assistance is set forth under 130 CMR 506.011(B)(3) and states, in relevant part, that children in households between 200% to 250% of the FPL have a monthly premium cost of \$20 per child. *Id.* Given that Appellant and her son are at 221% of the FPL, MassHealth correctly assessed a \$20 monthly premium for Appellant’s Family Assistance coverage. Therefore, MassHealth did not err in downgrading Appellant’s benefit from Standard to Family Assistance subject to a \$20 monthly premium.

Based on the foregoing, Appellant’s appeal is DENIED.

Order for MassHealth

Remove 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.

Casey Groff
Hearing Officer
Board of Hearings

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