

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



|                         |              |                        |            |
|-------------------------|--------------|------------------------|------------|
| <b>Appeal Decision:</b> | Denied       | <b>Appeal Number:</b>  | 2508985    |
| <b>Decision Date:</b>   | 9/3/2025     | <b>Hearing Date:</b>   | 07/25/2025 |
| <b>Hearing Officer:</b> | Thomas Doyle | <b>Record Open to:</b> | N/A        |

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Steven Prattico, Springfield 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>            | Eligibility; Under 65;<br>Over Income |
| <b>Decision Date:</b>     | 9/3/2025        | <b>Hearing Date:</b>     | 07/25/2025                            |
| <b>MassHealth's Rep.:</b> | Steven Prattico | <b>Appellant's Rep.:</b> | Pro se                                |
| <b>Hearing Location:</b>  | Remote (phone)  | <b>Aid Pending:</b>      | 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 June 3, 2025, MassHealth approved appellant's child for MassHealth Family Assistance with a monthly premium of \$12 a month. (Ex. 1). Appellant filed this appeal in a timely manner on June 12, 2025. (Ex. 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved appellant's child for MassHealth Family Assistance with a monthly premium of \$12 a month.

### Issue

The appeal issue is whether MassHealth was correct approving appellant's child for MassHealth Family Assistance with a monthly premium of \$12 a month.

### Summary of Evidence

Appellant and the MassHealth worker (worker) appeared by phone. The hearing commenced, both were sworn and documents marked as evidence. The worker testified to the following: MassHealth updated appellant's case on February 15, 2025 and sent appellant notice on that date requesting proof of income. The proof of income was due by May 16, 2025. This notice informed appellant if acceptable documentation was not received by MassHealth by the due date, eligibility for the household would be determined by available information. On May 22, 2025, coverage for the head of household and the eldest child, [REDACTED] was terminated for not providing acceptable proof of income by the due date of May 16, 2025. (Testimony).

After MassHealth received acceptable proof of income on May 24, 2025 and processed on June 3, 2025, based upon current income, notice was sent to the head of household that [REDACTED] was approved for MassHealth Family Assistance. The worker stated the verified household income was \$2,177.80 biweekly from employment. This would equal a monthly income of \$4,718.20.<sup>2</sup> The worker testified the appellant is in a household of 4 and this places the household at 170.79%<sup>3</sup> of the Federal Poverty Level (FPL). The worker stated for [REDACTED] to be eligible for MassHealth Standard, the household needs to be at or below 150% FPL and the monthly income cannot exceed \$4,019. The worker stated [REDACTED] had MassHealth Standard from August 8, 2019 until June 5, 2025. He stated as the date of the hearing there was no verified disability.

Appellant asked why [REDACTED] did not qualify for MassHealth Standard. The worker explained his eligibility was determined by the household income and that income was too high to qualify for Standard. Appellant then asked why the coverage of her two other children had not changed. The worker explained that they have a protection called "continuous eligibility" which gives children protection for 12 months from any benefit change, even if there is a change in income.<sup>4</sup> The worker stated the other two children have this protection from October 1, 2024 to October 31, 2025. He stated [REDACTED] had protection from January 9, 2024 until January 31, 2025. Appellant stated she was not informed of any of this. The worker explained to appellant that the February 15, 2025 notice stated if acceptable documentation was not received by MassHealth by the due date, eligibility for the household would be determined by available information.

## Findings of Fact

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

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<sup>1</sup> [REDACTED] (Ex. 4).

<sup>2</sup> This is calculated by dividing the biweekly income by 2 and multiplying that figure by 4.333.

<sup>3</sup> The notice under appeal has a Federal Poverty Level of 165.55%. (Ex. 1, p. 2). The worker explained that the income was redetermined and the 170.97% FPL is correct.

<sup>4</sup> The worker seems to be referring to Extended Eligibility found at 130 CMR 505.002 (L).

1. MassHealth updated appellant's case on February 15, 2025 and sent appellant notice on that date requesting proof of income, due by May 16, 2025. (Testimony).
2. This notice informed appellant if acceptable documentation was not received by MassHealth by the due date, eligibility for the household would be determined by available information. (Testimony).
3. On May 22, 2025, coverage for the head of household and the eldest child was terminated for not providing acceptable proof of income by the due date of May 16, 2025. (Testimony).
4. MassHealth received acceptable proof of income on May 24, 2025, processed the information on June 3, 2025 and based upon current income, notice was sent to the head of household that the oldest child was approved for MassHealth Family Assistance with a monthly premium of \$12. (Testimony).
5. The household has a monthly income of \$4,718.20. Appellant is in a household of 4 and this places the household at 170.79%<sup>5</sup> of the FPL. (Testimony).
6. For ██████ to be eligible for MassHealth Standard, the household income needs to be at or below 150% FPL and the monthly income cannot exceed \$4,019. (Testimony).
7. There is no verified disability. (Testimony).

## Analysis and Conclusions of Law

Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

At issue in this case is MassHealth's determination that the appellant's child is not eligible for MassHealth Standard and is instead eligible for MassHealth Family Assistance with a monthly premium of \$12. Under 130 CMR 505.002(B)(2)(a)(1), a child aged ██████████ is 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. See 130 CMR 506.002, 506.003, 506.007. Here, there is no dispute that the appellant, who has a household size of four, has income over 150% of the federal poverty level. Accordingly, the child at issue is not eligible for MassHealth Standard.

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<sup>5</sup> The notice under appeal has a Federal Poverty Level of 165.55%. (Ex. 1, p. 2). The worker explained that the income was redetermined and the 170.97% FPL is correct.

Under 130 CMR 505.005, the eligibility requirements for MassHealth Family Assistance for children under the age of 19 are as follows:

(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 [REDACTED] 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 [REDACTED]
  - (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*.

I find the testimony of the worker credible and find appellant meets the regulatory requirements for MassHealth Family Assistance. Further, MassHealth correctly calculated the monthly Family Assistance premium. Under the premium formula set forth at 130 CMR 506.011(B)(3), the premium for a child whose household has income between 150% and 200% of the federal poverty level is \$12 per month.

By preponderance of the evidence, appellant has not met their burden and 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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Thomas Doyle  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186