

**Office of Medicaid
BOARD OF HEARINGS**

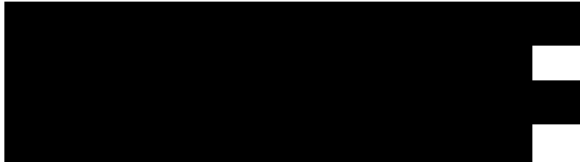
Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511953
Decision Date:	10/1/2025	Hearing Date:	09/18/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearances for Appellant:

Pro se




Appearance for MassHealth:

Jacob Sommer, Charlestown 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:	10/1/2025	Hearing Date:	09/18/2025
MassHealth’s Rep.:	Jacob Sommer	Appellant’s Reps.:	
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 2 (Virtual)	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 August 1, 2025, MassHealth notified the appellant that it was downgrading her minor child’s benefit from MassHealth Standard to MassHealth Family Assistance “because of a change in their circumstances...this person no longer meets the income requirements for this benefit.” See 130 CMR 505.002 and Exhibit 1. The appellant filed this appeal in a timely manner on August 13, 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 Standard to MassHealth Family Assistance.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's minor child's benefit from MassHealth Standard to MassHealth Family Assistance.

Summary of Evidence

The appellant appeared via video conference; she verified her identity and her minor child's identity. The appellant was accompanied by two clinicians from the Department of Children and Family Services (DCFS). MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center; he also appeared via video conference. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative stated that the appellant is appealing the August 1, 2025 downgrade notice. The appellant resides in a household of two, which consists of the appellant and her minor child. On June 26, 2025, due to a data match detecting potentially inaccurate household income, MassHealth sent the appellant a job update form. The job update form was due back to MassHealth by July 26, 2025; no paper or telephonic job update was received at MassHealth by that date. Therefore, on August 1, 2025, due to her failure to timely return the job update form to MassHealth, an administrative closure of the appellant's MassHealth account was processed, and the downgrade notice was issued to the appellant's minor child. The appellant completed an online application with MassHealth on August 4, 2025, providing her proof of income, and the administrative closure of the appellant's account was removed on that same day.

The MassHealth representative continued his testimony. He stated that the appellant's household has a verified income of \$780.00 per week, or \$37,440.00 per year; the source of the appellant's income is unemployment payments. For a household of two, this equates to a Federal Poverty Level (FPL) of 186.76%. Testimony. The MassHealth representative stated that for the household (both the appellant and her minor child) to qualify for MassHealth Standard benefits, the household FPL cannot exceed 133%, equivalent to \$28,140.00 in annual income; for the minor child to qualify for MassHealth Standard benefits, the household FPL cannot exceed 150%, which is equivalent to \$31,728.00 in annual income.

The appellant agreed with MassHealth's calculation of her household income and FPL. She appealed the August 1, 2025 notice, because she did provide proof of income to MassHealth several times in July 2025, and she does not know why MassHealth did not accept her submissions. The MassHealth representative responded that the uploaded documents that the appellant submitted were not legible; he also further stated that at this time, there is still an "open action" on the appellant's MassHealth account, because the name on her proof of income submission does not match her name on her MassHealth account. The appellant then explained that she had gone through a divorce in the last year and that her legal name had changed. After

questioning by the Hearing Officer, the appellant confirmed that she had a copy of her divorce decree; the MassHealth representative stated that this would be sufficient proof of her legal name and if she submitted it, that would resolve the open action on the appellant's MassHealth account. The appellant agreed that she would upload a copy of her divorce decree to her MassHealth account after the hearing.

The MassHealth representative then questioned the appellant in more detail about her child's special medical needs; during her interactions with MassHealth the previous month, the appellant had stated that her child might have special medical needs. He offered to update the appellant's MassHealth application to reflect the fact that her son might be disabled and send the appellant a child disability supplement so that she could get started on the disability evaluation process for her child. The appellant agreed that she would like to pursue a disability evaluation for her child; her child is receiving services in the community for ADHD and an unspecified mood disorder, and he needs those services to continue.

Findings of Fact

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

1. The appellant is an adult under the age of 65 who resides in a household of two, comprised of the appellant and her minor child. Testimony.
2. On August 1, 2025, MassHealth informed the appellant that her minor child's MassHealth benefits were being downgraded from MassHealth Standard to MassHealth Family Assistance. Exhibit 1.
3. The appellant filed a timely appeal on August 13, 2025. Exhibit 2.
4. The household's income is 187.76% of the 2025 federal poverty level. Testimony.
5. An annual income at 150% of the 2025 federal poverty level equates to \$31,728.00 for a household of two. 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 505.002(B) 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 18 Years Old.

(a) A child one through 18 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).

The eligibility criteria for MassHealth Family Assistance for minor children are outlined 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 19 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 19 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*.

130 CMR 505.005(B)(1).

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 21 and 64 must have a household income less than or equal to 133% of the FPL. See 130 CMR 505.002. For a household size of two (2) in 2025, that income limit is \$28,140.00 per year. See *2025 MassHealth Income Standards & Federal Poverty Guidelines*. Minor children between the ages of one through eighteen years old 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 187.76% for her household of two. The household federal poverty percentage exceeds the amount allowed by regulation for both the minor child and the adult in the household to receive MassHealth Standard benefits. The appellant’s minor child financially qualifies for MassHealth Family Assistance; at the hearing, the appellant agreed with MassHealth’s calculation of her annual income and household FPL of 187.76%.

Based upon the record evidence, MassHealth did not err when it determined that the appellant’s minor child’s circumstances had changed, and MassHealth did not err when it sent the August 1, 2025 notice to the appellant informing her that her minor child’s coverage would be downgraded from MassHealth Standard to MassHealth Family Assistance on August 15, 2025. Although the testimony of the appellant was extremely credible regarding her minor child’s special medical needs, the appellant’s minor child does not currently have a verified disability with MassHealth, and therefore the appellant’s minor child is not currently eligible for additional MassHealth benefits.

For these reasons, this 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.

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

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