

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510733
Decision Date:	10/24/2025	Hearing Date:	8/5/2025
Hearing Officer:	Cynthia Kopka	Record Open to:	8/19/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Lashaun Kelley, Quincy 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

Appeal Decision:	Denied	Issue:	Community eligibility, under 65, income, TMA
Decision Date:	10/24/2025	Hearing Date:	8/5/2025
MassHealth's Rep.:	Lashaun Kelley	Appellant's Rep.:	Pro se
Hearing Location:	Quincy (remote)	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

By notice dated July 2, 2025, MassHealth notified Appellant that the MassHealth benefit would end effective July 16, 2025. On July 21, 2025, MassHealth notified Appellant that she did not qualify for MassHealth and approved Health Safety Net effective July 11, 2025. Exhibit 1. Appellant filed this appeal in a timely manner on July 21, 2025. Exhibit 2. 130 CMR 610.015(B). Termination, modification, or denial of assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open through August 19, 2025 for the submission of additional evidence.

Action Taken by MassHealth

MassHealth notified Appellant that the MassHealth benefit would end effective July 16, 2025.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's benefits effective July 16, 2025.

Summary of Evidence

The MassHealth representative appeared by phone and testified as follows. Appellant is under 65 and in a household of four. Appellant and her family previously had MassHealth Standard benefits, but Appellant's coverage ended due to a change in income. On July 12, 2024, Appellant qualified for extended eligibility for MassHealth Standard (referred to by MassHealth as Transitional Medical Assistance or TMA) for a one-year period. Exhibit 4. On May 21, 2025, Appellant submitted a TMA change form with verified income. Based on paystubs submitted, Appellant's biweekly income through her job is \$1,729. MassHealth calculated that this income was 135% of the federal poverty level (FPL). This is slightly over the 133% threshold for MassHealth Standard.

Appellant testified that she is only \$60 over the limit. Appellant that the paystubs she provided may have included holiday pay or an extra shift. Appellant testified that there are times when she only receives \$1,300 or \$1,400 in her paycheck. Appellant argued that she has to pick up shifts to feed her children, as the \$120 she gets only covers food for a couple of days. Appellant is on ten different medications and cannot pick up her prescriptions because she has no money and no health insurance. Appellant testified that an intake worker who assisted her told her that she cannot submit additional paystubs.

The MassHealth representative testified that Appellant can submit additional paystubs to show the varying income, recommending that Appellant submit at least two other paystubs from the past 60 days. The MassHealth representative testified that Appellant is eligible for a Health Connector plan with low or no cost options.

The hearing record was held open to allow Appellant time to submit additional paystubs and for MassHealth to process the new information. Exhibit 5. Appellant submitted the information to MassHealth by fax on August 7, 2025. *Id.* MassHealth reported that there was no change in eligibility based on the income verifications submitted. *Id.*

Findings of Fact

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

1. Appellant is under 65 and in a household of four.
2. Appellant was previously eligible for MassHealth Standard until a change in income. On July 12, 2025, MassHealth approved Appellant for TMA for a one year period. Exhibit 4.
3. On May 21, 2025, Appellant submitted a TMA change form with verified income and paystubs showing biweekly income of \$1,720.
4. On July 2, 2025, MassHealth notified Appellant that the MassHealth benefit would end

effective July 16, 2025. On July 21, 2025, MassHealth notified Appellant that she did not qualify for MassHealth and approved Health Safety Net effective July 11, 2025. Exhibit 1.

5. Appellant filed this timely appeal on July 21, 2025. Exhibit 2.
6. In 2025, 100% of the monthly FPL for a household of four is \$2,680.00 monthly or \$32,160.00 annually; 133% of the FPL is \$3,564 monthly or \$42,768 annually.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (6) MassHealth Medicare Savings Programs – for certain Medicare beneficiaries.

130 CMR 505.001(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. MassHealth determines financial eligibility based on an applicant's modified adjusted gross income. MassHealth takes the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B), and subtracts deductions described in 130 CMR 506.003(D). 130 CMR 506.007. Per 130 CMR 506.003, the regulatory definitions of earned income, unearned income and deductions are as follows:

(A) Earned Income.

(1) 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.

(2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.

(3) Earned income from S-Corporations or Partnerships is the total amount of taxable annual profit (or loss) after deducting business expenses listed or allowable on a U.S. Individual Tax Return.

(4) Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination.

(B) Unearned Income.

(1) Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S. Individual Tax Return.

(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

(C) Rental Income. Rental income is the total amount of taxable income less any deductions listed or allowable on an applicant's or member's U.S. Individual Tax Return.

(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;

- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes;
- and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

An adult parent of a child under the age of 19 years old may be eligible for MassHealth Standard if his or her income is below 133% of the FPL. 130 CMR 505.002(C)(1)(a). Children between the ages of one and eighteen years old are eligible for MassHealth Standard if the household income is below 150% of the FPL. 130 CMR 505.002(B)(2)(a). MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c). MassHealth subtracts five percentage points from the FPL when determining eligibility. 130 CMR 506.007(A)(3).

MassHealth allows for the continuation of benefits following an increase in household income under the following circumstances:

- (3) Members of a MassHealth MAGI household who receive MassHealth Standard (whether or not they receive TAFDC¹) and have earnings that raise the MassHealth MAGI household's modified adjusted gross income above 133% of the federal poverty level (FPL) continue to receive MassHealth Standard for a full 12-calendar-month period that begins with the date on which the members MAGI exceeds 133% of the federal poverty level (FPL) if
 - (a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;
 - (b) a parent or caretaker relative continues to be employed;
 - (c) the parent or caretaker relative complies with 130 CMR 505.002(M); and
 - (d) the member is a citizen or a qualified noncitizen.

- (4) MassHealth independently reviews the continued eligibility of the TAFDC, EAEDC², and MassHealth MAGI households at the end of the extended period described in 130 CMR 505.002(L)(1) through (3).

¹ Transitional Aid to Families with Dependent Children. 130 CMR 505.002(A)(3).

² Emergency Aid to the Elderly, Disabled and Children. 130 CMR 505.002(A)(4).

(5) If an individual in a MassHealth MAGI household who receives MassHealth under 130 CMR 505.002(L)(1) or (2) had income at or below 133% of the FPL during their extended period, and now has income including earnings that raise the MassHealth MAGI modified adjusted gross income above that limit, the MassHealth MAGI household is eligible for another full 12-calendar-month period that begins with the date on which the member's MAGI exceeds 133% of the federal poverty level (FPL) if

- (a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;
- (b) a parent or caretaker relative continues to be employed; and
- (c) the parent or caretaker relative complies with 130 CMR 505.002(M).

(6) If a MassHealth MAGI household's modified adjusted gross income decreases to 133% of the FPL or below during its extended eligibility period, and the decrease is timely reported to MassHealth, the MassHealth MAGI household's eligibility for MassHealth Standard may be redetermined. If the MassHealth MAGI household's gross income later increases above 133% of the FPL, the MassHealth MAGI household is eligible for a new extended eligibility period.

130 CMR 505.002(L).

Here, Appellant's verified gross income is \$1,720 biweekly, or \$860 weekly when divided by two. Multiplying weekly income by 4.333 yields monthly income of \$3,726.38, which is 139% of the FPL for a household of four. Subtracting 5% yields a household FPL of 134%. MassHealth did not err in determining that Appellant did not qualify for MassHealth Standard and in terminating Appellant's TMA coverage. Appellant's children remain eligible for MassHealth Standard. This appeal is denied.

Appellant is eligible for a Health Connector plan. Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

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