

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in Part; Denied in Part	Appeal Number:	2513054
Decision Date:	10/22/2025	Hearing Date:	10/09/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jessica Ramirez, Tewksbury 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:	Approved in Part; Denied in Part	Issue:	Community Eligibility; Under 65; Income; Extended Eligibility
Decision Date:	10/22/2025	Hearing Date:	10/09/2025
MassHealth's Rep.:	Jessica Ramirez	Appellant's Rep.:	Pro se
Hearing Location:	Telephone (Tewksbury)	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 notices dated August 13, 2025, and August 20, 2025, MassHealth terminated the appellant's MassHealth Standard benefits and denied her re-application due to the appellant's failure to submit a job update form and a subsequent determination that the appellant's income is too high. *See* 130 CMR 505.002 and Exhibit 1. The appellant filed this appeal in a timely manner on August 26, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's re-application for MassHealth Standard benefits.

Issue

The appeal issue is whether MassHealth correctly determined that the appellant is not currently eligible for MassHealth Standard benefits.

Summary of Evidence

The appellant is an adult under the age of [REDACTED] who resides in a household of four with her spouse and two minor children. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the evidence and testimony presented at the hearing.

Prior to the notices at issue, the appellant and her family received MassHealth Standard benefits, as MassHealth had no income on file for the household. On August 13, 2025, MassHealth terminated the household's MassHealth benefits after the appellant failed to submit a job update form as previously required. MassHealth then received and processed the job update form on August 20, 2025. Based on the reported income, the appellant's children were placed on MassHealth Family Assistance, and the appellant and her spouse were deemed over income for MassHealth benefits and found eligible for a plan through the Health Connector. MassHealth verified that the appellant's spouse earns \$2,500.00 in bi-weekly wages, which equals approximately \$65,000.00 in yearly income. The appellant does not currently have any income. MassHealth determined that the household's total gross income is 197.21% of the federal poverty level.

The appellant agreed with MassHealth's calculation of her income. She reported that her spouse started working in April 2025 and did not have a job prior to that time. She testified that no one in her family is pregnant or has HIV or a disability, but she explained that she is currently undergoing testing for [REDACTED]. She stated that she does not currently have a [REDACTED] and was advised to update MassHealth if that changes.

Findings of Fact

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

1. Prior to the notices at issue, the appellant and her household received MassHealth Standard benefits. Testimony, Exhibit 4. The appellant is an adult under the age of [REDACTED] who resides in a household of four with her spouse and two children age [REDACTED] or younger. *Id.*
2. On August 13, 2025, MassHealth terminated the appellant's family's benefits with an effective date of August 27, 2025, for failure to submit a job update form. Testimony, Exhibit 1. MassHealth processed a job update form on August 20, 2025, and on that date, generated a notice determining that the appellant was over the income limit to qualify for benefits. *Id.*
3. The appellant filed a timely request for fair hearing on both notices on August 26, 2025. Exhibit 2.

4. The appellant's household currently has a gross yearly income of \$65,010.00. Prior to April 1, 2025, the appellant's household had no income. Testimony.

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 particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility for individuals who are under age [REDACTED] are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) *MassHealth Standard* - for pregnant women, 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 [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) *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
- (6) *MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In)* - for certain Medicare beneficiaries.

130 CMR 505.001(A) (emphasis added).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, as the caretaker of minor children, the appellant categorically qualifies for MassHealth Standard. The question then remains as to whether she meets the income requirements to qualify.

A parent or caretaker is financially eligible for MassHealth Standard if "the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level." 130 CMR 505.002(C)(1)(a). A child between the age of [REDACTED] is 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(C)(1)(a). Children who

are citizens are eligible for MassHealth Family Assistance if the “modified adjusted gross income of the MassHealth MAGI household is greater than 150 [sic] and less than or equal to 300% of the federal poverty level.” 130 CMR 505.005(A)(1). To determine financial eligibility pursuant to 130 CMR 506.007, MassHealth must construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

- (1) Taxpayers Not Claimed as a Tax Dependent on Their Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of
 - (a) the taxpayer; including their spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
 - (b) the taxpayer’s spouse, if living with them regardless of filing status;
 - (c) all persons the taxpayer expects to claim as tax dependents; and
 - (d) if any individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

Here, the appellant does not dispute that she resides in a household of four. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level equates to a monthly income of \$3,564.00, or a yearly income of \$42,768.00 for a household of four. Additionally, 150% of the federal poverty level is \$48,228.00 yearly income for a family of four, while 300% is \$96,456.00. See chart at <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

MassHealth determines an applicant’s modified adjusted gross income (MAGI) by taking 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), less deductions described in 130 CMR 506.003(D). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

- (A)(2)Once the individual’s household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual’s MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual’s eligibility.
 - (a) A household’s countable income is the sum of the MAGI-based income of every individual included in the individual’s household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(M).
 - (b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

- (c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.
- (3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

....

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the Federal Register using the following formula. The MassHealth agency adjusts these standards annually.

- (1) Multiply the annual 100% figure posted in the Federal Register by the applicable federal poverty level income standard.
- (2) Round these annual figures up to the nearest hundredth.
- (3) Divide by 12 to arrive at the monthly income standards.

Per 130 CMR 506.003(A), countable income includes, in relevant part, “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.”

MassHealth affords certain members extended eligibility for MassHealth Standard if a family’s income suddenly exceeds 133% of the federal poverty level. Extended Eligibility allows the family to transition to another form of health insurance without an abrupt loss of benefits. *See generally* 130 CMR 505.002(L). Such a protection of assistance, colloquially known as Transitional Medical Assistance (TMA), is authorized in the following relevant circumstance:

- (3) Members of a MassHealth MAGI household who receive MassHealth Standard (whether or not they receive TAFDC) 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 ■ 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.

130 CMR 505.002(L)(3).

In this case, MassHealth determined, and the appellant agrees, that the appellant’s total household gross yearly income is \$65,010.00. As that amount exceeds both 133% and 150% of the federal poverty level, the appellant and her family no longer qualify for MassHealth Standard

benefits. However, because the appellant's spouse was not working prior to April 2025, and because the family had no income when the spouse was not working, the appellant's income increased to over 133% of the federal poverty level less than 12 months ago. Therefore, the appellant and her family should have been temporarily placed on extended eligibility pursuant to 130 CMR 505.002(L)(3) until April 1, 2026. For those reasons, although I agree with MassHealth's determination that the appellant and her spouse do not meet the traditional income requirements to qualify for MassHealth Standard and that their children qualify only for MassHealth Family Assistance, I find that the family should not have been terminated from MassHealth Standard through the August 20, 2025, notice.

For the foregoing reasons, the appeal is hereby denied in part and approved in part.

Order for MassHealth

Place the appellant and her household members on MassHealth Standard, retroactive to the termination date of August 27, 2025, until April 1, 2026, by an Extended Eligibility (TMA) protection.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center