

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Numbers:</b>	2513352 & 2513354
<b>Decision Date:</b>	12/3/2025	<b>Hearing Date:</b>	10/17/2025
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearances for Appellant:**

 Pro se and appeal representative

**Appearances for MassHealth:**

Elizabeth Cruz, Tewksbury MEC  
Aline Teixeira, Tewksbury MEC  
Odilia Ruiz Rocha, Premium Assistance



*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>	Community eligibility, under 65, termination
<b>Decision Date:</b>	12/3/2025	<b>Hearing Date:</b>	10/17/2025
<b>MassHealth's Reps.:</b>	Elizabeth Cruz, Aline Teixeira, Odilia Ruiz Rocha	<b>Appellants' Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury (virtual)	<b>Aid Pending:</b>	Yes

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

By notices dated September 4, 2025, MassHealth terminated Appellants' MassHealth Standard effective September 18, 2025 and Premium Assistance effective September 4, 2025. Exhibit 1. Appellants filed this appeal in a timely manner on September 15, 2025 and were eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination of assistance is a valid basis for appeal. 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth terminated Appellants' MassHealth Standard and Premium Assistance.

## Issue

The appeal issue is whether MassHealth was correct in terminating Appellants' MassHealth Standard and Premium Assistance.

## Summary of Evidence

MassHealth was represented at virtual hearing by two eligibility representatives and a Premium Assistance representative. Appellant KFD (parent) appeared virtually to represent herself and Appellant JD (child). A summary of evidence follows.

Appellants, a parent and her ■■■ year-old child, are in a household of two. On September 4, 2025, MassHealth notified Appellants that their MassHealth Standard coverage would terminate effective September 18, 2025 and their Premium Assistance would end effective September 4, 2025. Exhibit 1. Appellants were receiving MassHealth Standard and Premium Assistance through Transitional Medical Assistance (TMA), which allows coverage to continue for a period of one year after a change in eligibility. The TMA coverage began on August 1, 2024 and ended August 31, 2025. Both the MassHealth Standard and Premium Assistance benefit were continued during the appeal. Appellant parent confirmed having received Premium Assistance payments for September and October.

Appellants' change in eligibility was due to gross biweekly income of \$1,277 and no longer having categorical eligibility. MassHealth calculated the monthly income as \$2,767.26 and annual income as \$33,000, which was 152.01% of the federal poverty level (FPL). Appellant parent is listed as potentially disabled and was mailed a disability supplement. Appellants are both eligible for a ConnectorCare Type 2A subsidized Health Connector plan. If Appellant child was no longer claimed as a tax dependent, he would qualify for MassHealth CarePlus individually, as he has no income.

Appellant testified that her employer sponsored insurance was \$236 per month. Despite the divorce decree mandating that her ex-spouse cover Appellant child's insurance, the ex-spouse was laid off and dropped Appellant child's insurance. Appellant parent had to add Appellant child to her ESI plan and it increased in price to \$643 per month. Appellant parent only receives \$887 on her paycheck after everything comes out, which has to cover rent at \$950 plus her car payment, gas, and food. Appellant's ex-spouse has not paid child support in a long time and owes nearly \$5,000. Without MassHealth as secondary insurance, Appellant parent has to pay high co-pays for multiple medications. Appellant has diabetes and takes 4 medications. Appellant child is asthmatic and has to see an ENT specialist. Appellant's insurance has high specialist rates, and both Appellants go to multiple appointments per year.

Appellant parent testified that she completed and submitted the disability supplement. Appellant parent asked if her child's asthma could also be considered a disability. MassHealth agreed to mail a second supplement for Appellant child. Appellant child is not able to apply for MassHealth on his own because Appellant parent still needs to claim him as a tax dependent. Appellant child has no income and attends school full-time.

Appellant testified that when she reapplied in June, she received a notice that said she and her child did not qualify but that she was covered until June 2026. Appellant parent called MassHealth and

received confirmation that she was covered until June 2026. However, when she received the September notice ending coverage earlier, she called and was told that her insurance was cancelled as of August 31, 2025. The MassHealth representative testified that the system will automatically generate the notice for TMA assistance without contemplating whether someone may lose eligibility during the continuous eligibility time period, such as whether someone turns [REDACTED] earlier than the TMA end date. Here, Appellant child turned [REDACTED] years old in [REDACTED] which ends TMA eligibility. The MassHealth representative acknowledged the flaw in the system.

## Findings of Fact

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

1. Appellants, a parent and her [REDACTED]-year-old child, are in a household of two.
2. Appellants had TMA coverage of their MassHealth Standard with Premium Assistance from August 1, 2025 through August 31, 2025.
3. On September 4, 2025, MassHealth notified Appellants that their MassHealth Standard coverage would terminate effective September 18, 2025 and their Premium Assistance would end effective September 4, 2025. Exhibit 1.
4. Appellants filed this timely appeal on September 15, 2025 and were eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2.
5. In 2025, 100% of the monthly FPL for a household of two is \$1,763 monthly or \$21,156 annually; 133% of the FPL is \$2,345 monthly or \$28,140 annually; 150% of the FPL is \$2,644 monthly or \$31,728 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.

To be eligible for MassHealth Standard as an adult, Appellants must be categorically and financially eligible. Eligible individuals for MassHealth Standard 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).

130 CMR 505.001(A)(1). A young adult aged 19 or 20 years old is eligible for MassHealth Standard if

the household income is at or below 150% of the FPL. 130 CMR 505.002(B)(3). An adult between 21 and 64 years old who is categorically eligible as a parent or as a disabled individual is eligible for MassHealth Standard if the household income is at or below 133% of the FPL. 130 CMR 505.002(C) and (E). An adult under the age of 64 without categorical eligibility for MassHealth Standard is eligible for MassHealth's CarePlus benefit if the income at or below 133% of the FPL. 130 CMR 505.008(A)(2)(c). 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 TAFDC<sup>1</sup>) 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, EAEDC<sup>2</sup>, and MassHealth MAGI households at the end of the extended period described in 130 CMR 505.002(L)(1) through (3).

(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).

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

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

(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) (emphasis added). According to Eligibility Operations Memo (EOM) 24-2, children will lose coverage during the continuous eligibility period if they attain the age of 19.

Here, Appellants' gross biweekly income is \$1,277. Multiplying the weekly amount (\$638.50) by 4.333 yields \$2,766.62 monthly income. This is higher than both the 133% limit and the 150% limit to qualify for MassHealth Standard or CarePlus. Accordingly, Appellants' income is too high for Appellants to be eligible for a MassHealth benefit. Appellants are no longer eligible for MassHealth's TMA pursuant to 130 CMR 505.002(L)(3)(a).

Appellants are eligible for a Health Connector plan. Appellants 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. Appellants can call Disability Evaluation Services (DES) at 1-800-888-3420 with any questions about their disability supplements.

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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

MassHealth Representative: Premium Assistance Unit