

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2513391
Decision Date:	12/17/2025	Hearing Date:	10/17/2025
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearances for MassHealth:
Tenzin Sungrab (Charlestown MEC) *via*
telephone
Ernetta Finch Reeves (Charlestown MEC) *via*
telephone



*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:	12/17/2025	Hearing Date:	10/17/2025
MassHealth's Reps.:	Tenzin Sungrab; Ernetta Finch Reeves	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Charlestown MassHealth Enrollment Center	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 September 1, 2025, MassHealth informed the appellant that she was eligible for the Health Safety Net (HSN) effective September 1, 2025, but was no longer eligible for MassHealth Standard because her income exceeded the limit for her household size. (See 130 CMR 505.002; (Exhibit) Ex. 1). The appellant timely filed this appeal in a timely fashion on September 15, 2025. (See 130 CMR 610.015(B); Ex. 2). A denial of assistance constitutes valid grounds for appeal. (See 130 CMR 610.032).

On September 15, 2025, the Board of Hearings sent the appellant a letter dismissing her appeal, with notice that the appeal would be reinstated if she contacted the Board within a specified period to provide her telephone number. (Ex. 4). The appellant timely contacted the Board and provided her telephone number, and the Board reinstated her appeal and scheduled this hearing. (Ex. 5).

Action Taken by MassHealth

MassHealth determined that the appellant was no longer eligible for MassHealth Standard because her household income exceeded the applicable income limit.

Issue

The issue on appeal is whether MassHealth correctly determined, pursuant to 130 CMR 506.007 and 505.002, that the appellant's household income exceeded the applicable income limit for MassHealth eligibility.

Summary of Evidence

MassHealth was represented by two Benefits Eligibility Representatives from the Charlestown MassHealth Enrollment Center (MEC), and the appellant appeared on her own behalf. All participants attended the hearing by telephone.

The MassHealth representatives spoke first and testified as follows. The appellant is under the age of 65 and is a U.S. citizen. (Testimony; Ex. 3). She resides in a household of six consisting of herself, her spouse, and their four children under the age of 19. (Testimony; Ex. 3). The household's income is derived from the employment of the appellant and her spouse. (Testimony).

The MassHealth representatives testified that in September 2024, the household first reported income exceeding the countable income limit for MassHealth Standard, at which time the appellant began receiving extended coverage through Transitional Medical Assistance (TMA). (Testimony; Ex. 3). During the 12-month period in which the appellant received TMA, the household's income remained above 133% of the federal poverty level (FPL), the threshold for MassHealth Standard eligibility absent TMA protection. (Testimony). When the appellant's period of extended coverage through TMA ended on September 1, 2025, the household's reported combined gross monthly income (GMI) was \$8,611.00, equaling 234.49% of the FPL for a household of six. (Testimony; Ex. 1). This income exceeded the MassHealth Standard income limit of 133% of the FPL, or \$4,783.00 per month for a household of six. (Testimony). Accordingly, MassHealth issued the notice under appeal, which informed the appellant that she was no longer eligible for MassHealth Standard because she was over the income limit for her six-person household. (Testimony; Ex. 1).¹

The MassHealth representatives then testified that the appellant was referred to the Massachusetts Health Connector because she is eligible for a ConnectorCare plan that includes advance premium tax credits, a Massachusetts state subsidy, and temporary HSN coverage, and that she was advised to contact the Health Connector to enroll. (Testimony; Ex. 3). The MassHealth representatives confirmed that no household member has been determined disabled for eligibility purposes. (Testimony).

¹ There were no MassHealth notices to other household members entered into evidence, and the appellant appealed only her own MassHealth eligibility decision.

The appellant testified that she did not understand why her MassHealth coverage was being terminated or how MassHealth calculated her household income. (Testimony). She confirmed that she lives with her spouse and four children and explained that her household expenses fluctuate from week to week. (Testimony). She further testified that she was uncertain how she could afford health insurance through the Massachusetts Health Connector or through employer-sponsored coverage. (Testimony).

In response to questions, the appellant acknowledged that her employer may offer health insurance, but explained that she was unsure of her weekly earnings and believed that her income was insufficient to cover insurance premiums while meeting her family's basic needs. (Testimony). She described the financial strain to her household, and expressed confusion regarding the eligibility rules. (Testimony).

Findings of Fact

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

1. The appellant is under the age of 65, not disabled, and is a U.S. citizen. (Testimony; Ex. 3).
2. The appellant resides in a household of six consisting of herself, her spouse, and their four children under the age of 19. (Testimony; Ex. 3).
3. The household's income is derived from the employment of the appellant and her spouse. (Testimony).
4. In September 2024, the household first reported income exceeding the countable income limit for MassHealth Standard, and the appellant began receiving extended coverage through TMA for non-disabled adults at that time. (Testimony; Ex. 3).
5. During the 12-month period in which the appellant received TMA, the household's income remained above 133% of the federal poverty level (FPL), the threshold for MassHealth Standard eligibility absent TMA protection. (Testimony).
6. When the appellant's period of extended coverage through TMA ended on September 1, 2025, the household's reported combined GMI was \$8,611.00, which equals 234.49% of the FPL for a household of six. (Testimony; Ex. 1).
7. The household's reported income exceeded the MassHealth Standard income limit of 133% of the FPL, or \$4,783.00 per month for a household of six. (Testimony).
8. After the appellant's period of extended coverage through TMA ended and her household income remained above the applicable income limit, MassHealth issued the

notice under appeal informing her that she was no longer eligible for MassHealth Standard. (Testimony; Ex. 1).

9. The appellant was referred to the Massachusetts Health Connector because she is eligible for a ConnectorCare plan that includes advance premium tax credits, a Massachusetts state subsidy, and temporary HSN coverage, and she was advised to contact the Health Connector to enroll. (Testimony; Ex. 3).

Analysis and Conclusions of Law

Financial eligibility for coverage types determined under the MassHealth MAGI household rules is based on comparing a household's countable income, after allowable deductions, to the applicable income standard for the coverage type. (130 CMR 506.007(A)). Eligibility is determined using the total countable monthly income of all individuals included in the household. (130 CMR 506.007(A)(1) – (2)).

Countable income is the sum of the gross income of all household members, except for children and tax dependents not expected to file a tax return, and includes earned income from employment. (130 CMR 506.007(A)(2)(a) – (b); 130 CMR 506.003(A)(1)). MassHealth converts income to a monthly amount, determines the household's percentage of the FPL, subtracts five percentage points, and compares the adjusted figure to the applicable income standard. (130 CMR 506.007(A)(2)(c), (A)(3)).

A parent or caretaker relative of a child under age 19 is eligible for MassHealth Standard if the MassHealth MAGI household's income is at or below 133% of the FPL and the individual is a U.S. citizen or qualified noncitizen. (130 CMR 505.002(C)(1)). When a household's income exceeds 133% of the FPL, a parent may continue to receive MassHealth Standard for a single, continuous 12-month period of extended eligibility through TMA (TMA). (130 CMR 505.002(L)(3)).

Here, the appellant began receiving TMA in September 2024 after her household first reported income exceeding the MassHealth Standard income limit. During the 12-month TMA period, the household's income did not decrease to a level that would allow the appellant to qualify for MassHealth Standard outside the TMA protection. When the appellant's TMA period ended on September 1, 2025, the household's reported GMI was \$8,611.00, or 234.49% of the FPL for a household of six, which remained well above the 133% FPL income limit.

Once the appellant exhausted the maximum period of extended eligibility available through TMA and her household income continued to exceed the applicable income limit, MassHealth was required to terminate MassHealth Standard coverage and issue the notice under appeal. The appellant therefore does not meet the financial eligibility requirements for MassHealth Standard.

Accordingly, the 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.

Scott Bernard
Hearing Officer
Board of Hearings


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