

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in Part; Denied in Part	<b>Appeal Number:</b>	2514334
<b>Decision Date:</b>	10/31/2025	<b>Hearing Date:</b>	10/21/2025
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Katelyn Costello, Quincy 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

<b>Appeal Decision:</b>	Approved in Part; Denied in Part	<b>Issue:</b>	Community Eligibility; Under 65; Income
<b>Decision Date:</b>	10/31/2025	<b>Hearing Date:</b>	10/21/2025
<b>MassHealth's Rep.:</b>	Kaitlyn Costello	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy	<b>Aid Pending:</b>	No

## 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 25, 2025, MassHealth denied the appellant's application for MassHealth benefits because the appellant's income is too high to qualify. *See* 130 CMR 505.002 and Exhibit 1. The appellant filed this appeal in a timely manner on October 1, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

## Issue

The appeal issue is whether MassHealth correctly calculated the appellant's income in determining that she and her spouse are not eligible for MassHealth benefits beyond the Health Safety Net.

## 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 Quincy MassHealth

Enrollment Center. All parties appeared at the hearing by telephone. The following is a summary of the evidence and testimony provided:

Pursuant to a notice dated July 29, 2025, the appellant and her spouse were downgraded from MassHealth Standard to the Health Safety Net effective August 31, 2025, after an automatic electronic data match within the MassHealth computer system determined that they were no longer financially eligible for the benefit.<sup>1</sup> On September 23, 2025, the appellant provided a paystub for her spouse that reflected a countable gross weekly income of \$951.97. That amounts to approximately \$4,124.89 per month, which MassHealth determined is about 158.96% of the federal poverty level. The appellant was thus deemed to be over the income limit, and MassHealth sent a notice to that effect on September 25, 2025. The MassHealth representative reported that the most recent date on which MassHealth automatically verified that the appellant's household was under the 133% of the federal poverty level income limit to qualify for benefits was on May 1, 2025.

The appellant expressed confusion over her family's lack of eligibility for MassHealth Standard, because her spouse's paycheck decreased by five dollars per hour. She testified that she does not have a job, but her spouse consistently works approximately 38-39 hours per week and earns \$24.40 per hour. The parties agreed that this equals a total gross weekly income of at least \$927.00, or \$4,017.58 per month. The appellant stated that [REDACTED] and may have a disability. She requested that a disability supplement be sent to her home so she can apply for those MassHealth benefits.

## Findings of Fact

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

1. The appellant is an adult under the age of [REDACTED] who resides in a household of four with her spouse and two minor children. Testimony, Exhibit 4.
2. Prior to July 29, 2025, the appellant and her spouse received MassHealth Standard benefits. Exhibit 4, Testimony. On September 23, 2025, the appellant submitted paystubs reflecting her spouse's income. Exhibit 5. MassHealth verified the reported income and determined that the appellant and her spouse remain over the income limit to qualify for MassHealth Standard. Exhibit 1, Testimony. MassHealth issued a notice reflecting the denial of benefits on September 25, 2025. *Id.*
3. The appellant filed a timely request for fair hearing on October 1, 2025. Exhibit 2.

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<sup>1</sup> The appellant's children are still active on MassHealth, according to the MassHealth representative.

4. The appellant's spouse earns an average monthly income of at least \$4,017.58. Exhibit 5, Testimony. There is no evidence that the appellant currently earns any income. Testimony.
5. There is no evidence that appellant or her spouse have HIV or breast or cervical cancer, are currently pregnant, or have been deemed disabled by the Social Security Administration or by MassHealth. Testimony.
6. MassHealth automatically verified that the appellant's household income was under 133% of the federal poverty level on May 1, 2025. 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 65 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 caretakers of minor children, the appellant and her spouse

categorically qualify for MassHealth Standard. The question then remains as to whether they meet 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). 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 five. 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 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.

130 CMR 505.002(L)(3).

In this case, the appellant reported that her household earns \$4,017.58 in gross monthly income. That amount exceeds 133% of the federal poverty level based on the income standards for 2025, even less the 5% federal poverty level deduction. However, because MassHealth verified that the appellant's household income was under 133% of the federal poverty level on May 1, 2025, the appellant's income increased to over 133% of the federal poverty level since that date. Therefore, the appellant and her spouse should have been temporarily placed on extended eligibility pursuant to 130 CMR 505.002(L)(3) until May 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, I find that they should not have been terminated from MassHealth Standard through the September 25, 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 31, 2025, until May 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.

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Mariah Burns  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Quincy MEC, Attn: Cassandra Moura, Appeals Coordinator