

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part	Appeal Number:	2514600
Decision Date:	1/5/2026	Hearing Date:	11/03/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Tenzin Sungrab, Charlestown MEC

Interpreter:
Spanish, [REDACTED]



*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	Issue:	Community Eligibility—under 65; Income
Decision Date:	1/5/2026	Hearing Date:	11/03/2025
MassHealth's Rep.:	Tenzin Sungrab	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center (Telephone)	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 October 2, 2025, MassHealth notified the Appellant that her benefit was being downgraded from MassHealth Standard to Health Safety Net due to her income. 130 CMR 505.002(C) and Exhibit 1. The Appellant filed this appeal in a timely manner on October 7, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth notified the Appellant that her benefit was being downgraded from MassHealth Standard to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002, in determining that the Appellant was no longer eligible for MassHealth Standard.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult between the ages of [REDACTED] and that she has a household size of two, consisting of herself and her minor child. The MassHealth representative testified that the Appellant's countable income is \$576.00 weekly. The MassHealth representative testified that the Appellant's income was 136% of the federal poverty level, and because it was greater than 133% of the federal poverty level, she was no longer financially eligible for MassHealth Standard. The MassHealth representative testified that October 3, 2025, was the date on which the Appellant was no longer financially eligible for MassHealth Standard.

The Appellant testified through an interpreter and verified her identity. The Appellant testified that she had called to update MassHealth with her address and income information and agreed with MassHealth's testimony regarding her income.

Findings of Fact

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

1. The Appellant is an adult between the ages of [REDACTED] Testimony, Exhibit 4.
2. The Appellant has a household size of two, consisting of herself and her minor child. Testimony.
3. The Appellant's countable household income is \$576.00 weekly. Testimony.
4. On October 2, 2025, MassHealth notified the Appellant that her benefit was being downgraded from MassHealth Standard to Health Safety Net. Exhibit 1.
5. The MassHealth representative testified that October 3, 2025, was the date on which the Appellant was no longer financially eligible for MassHealth Standard. Testimony.
6. The Appellant filed a timely appeal of the October 2, 2025, notice with the Board of Hearings on October 9, 2025. Exhibit 2.

Analysis and Conclusions of Law

MassHealth regulations provide:

130 CMR 505.002: MassHealth Standard

...

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than [REDACTED] years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of their children, or has children who are absent from home to attend school; or

2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

...

(L) Extended Eligibility.

(1) Members of an EAEDC or TAFDC household whose cash assistance terminates continue to receive four months of MassHealth Standard coverage beginning in the month the household became ineligible if they are

(a) terminated from EAEDC or TAFDC and are determined to be potentially eligible for MassHealth; or

(b) terminated from TAFDC because of receipt of or an increase in spousal or child support payments.

(2) Members of a TAFDC household who become ineligible for TAFDC for employment-related reasons continue to receive MassHealth Standard for a full 12-calendar-month period beginning with the date on which they became ineligible for TAFDC if

(a) the household continues to include a child;

(b) a parent or caretaker relative continues to be employed; and

(c) the parent or caretaker relative complies with 130 CMR 505.002(M).

(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.

(4) MassHealth independently reviews the continued eligibility of the TAFDC, EAEDC, 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).

(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 506.007: Calculation of Financial Eligibility

The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(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.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(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.

Here, the Appellant's household consists of herself and her minor child and she was previously eligible for MassHealth Standard as a parent. Her countable household income is \$576.00/weekly. Multiplying this by 4.333, results in a monthly total of \$2,495.80. 130 CMR 506.007(A)(2)(c). Five percentage points of the 2025 federal poverty level for a household of two is \$88.15. Subtracting this from the monthly total equals \$2,407.65 (\$2,495.80 minus \$88.15 = \$2,407.65). 130 CMR 506.007(A)(3). This equals 136.66% of the federal poverty level for a household of two for 2025. Accordingly, MassHealth did not err in finding that the Appellant's income is too high for MassHealth Standard because it is greater than 133% of the federal poverty level. 130 CMR 505.002(C)(1)(a).

However, because the Appellant is categorically eligible for MassHealth Standard as a parent of a minor child, she qualifies for extended eligibility under 130 CMR 505.002(L)(3). Based on the MassHealth representative's testimony, the Appellant is eligible to continue to receive MassHealth Standard for a full 12-calendar-month period from October 3, 2025. 130 CMR 505.002(L)(3). Accordingly, the appeal is approved in part.

Order for MassHealth

End aid pending and extend the Appellant's MassHealth Standard benefit in accordance with 130 CMR 505.002(L).

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.

Emily Sabo
Hearing Officer
Board of Hearings

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