

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in Part; Denied in Part	<b>Appeal Number:</b>	2514851
<b>Decision Date:</b>	11/4/2025	<b>Hearing Date:</b>	10/27/2025
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Nancy Derisma, Charlestown 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>	11/4/2025	<b>Hearing Date:</b>	10/27/2025
<b>MassHealth's Rep.:</b>	Nancy Derisma	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephone (Charlestown)	<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 October 8, 2025, MassHealth terminated the appellant's MassHealth Standard 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 8, 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 terminated the appellant's MassHealth Standard benefits.

## Issue

The appeal issue is whether MassHealth correctly calculated the appellant's income in determining that he is not eligible for MassHealth benefits beyond the Health Safety Net. Also at issue is whether the appellant is entitled to Extended Eligibility pursuant to 130 CMR 505.002(L)(3).

## Summary of Evidence

The appellant is an adult under the age of 65 who currently resides in a household of three with his two children. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center. All parties appeared at the hearing by telephone. The following is a summary of the evidence and testimony provided:

Some time on or about October 8, 2025, MassHealth verified that the appellant's income changed, leading to a downgrade of his benefits from MassHealth Standard to the Health Safety Net.<sup>1</sup> The appellant also received a notice on that date informing him that his minor child is able to receive MassHealth Standard through extended eligibility (colloquially known as Transitional Medical Assistance, or TMA) from October 8, 2025, to November 30, 2026. The MassHealth representative reported that the appellant has a verified gross monthly income of \$3,943.03, which is over the income limit to qualify.

The appellant reported that he resides with his stepson and his daughter, both of whom are 20 years of age or younger. He stated that he and his ex-spouse alternate years claiming the children on their taxes and that he intends to claim them as his dependents in the upcoming fiscal year. He testified that he earns \$21.00 per hour and works 40 hours per week, which he agreed equals approximately \$840.00 per week, or \$3,639.72 per month.

## Findings of Fact

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

1. The appellant is an adult under the age of 65 who currently resides in a household of three with his minor child and young adult stepchild, both of whom he intends to claim on his taxes during this upcoming fiscal year. Testimony, Exhibit 4.
2. Some time on or prior to October 8, 2025, MassHealth verified that the appellant's household income exceeds the limit to qualify for MassHealth benefits. Exhibit 1, Testimony. As a result, the appellant's MassHealth Standard benefits were terminated on that date, while his minor child was placed on a protection of benefits through extended eligibility from October 8, 2025, through November 30, 2026. Exhibit 1. MassHealth issued notices to that effect on that date. *Id.*
3. The appellant filed a timely request for fair hearing as to the termination notice on October 8, 2025. Exhibit 2.

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<sup>1</sup> The MassHealth representative could not explain why the October 8 notice issued when it did, nor why the appellant was not placed on extended eligibility but his child was.

4. The appellant works and earns an average gross monthly income of approximately \$3,639.72. Testimony.

5. There is no evidence that appellant has HIV or breast or cervical cancer, is currently pregnant, or has been deemed disabled by the Social Security Administration or by MassHealth. 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 21 through 64 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 a caretaker of a minor child, the appellant categorically qualifies for MassHealth Standard. The question then remains as to whether he 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). 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 he currently resides in a household of three. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level equates to a monthly income of \$2,954.00, or a yearly income of \$35,448.00 for a household of three. 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 he earns \$3,639.72 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, which makes the appellant financially ineligible for MassHealth Standard. However, because MassHealth determined that the appellant’s child qualifies for extended eligibility, it follows logically, based on the regulations, that the appellant should also

have been deemed eligible for the protection. The appellant meets all of the requirements: his household includes a child under 19 living with him, he continues to be employed, and the fact that he has continued to receive MassHealth Standard benefits supports compliance with 130 CMR 505.002(L)(3)(c) and (d). Additionally, given that MassHealth determined that the appellant's child qualified for extended eligibility as of October 8, and that notice was sent to the appellant at his home, it also can be reasonably inferred that MassHealth determined that his child, who is a part of his household, went over 133% of the federal poverty level on October 8, 2025. Where the regulations do not distinguish different eligibility standards for adults versus their children with respect to extended eligibility, if the appellant's child, who resides with him, is deemed eligible for the protection, so, too, should he.

Thus, the appellant should have been temporarily placed on extended eligibility pursuant to 130 CMR 505.002(L)(3) from October 8, 2025, to November 30, 2026, as his child was. Although I agree with MassHealth's determination that the appellant does not meet the traditional income requirements to qualify for MassHealth Standard, I find that he should not have been terminated from MassHealth Standard through the October 8, 2025, notice.

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

## **Order for MassHealth**

Place the appellant on MassHealth Standard, retroactive to the termination date of October 8, 2025, until November 30, 2026, by an extended eligibility (TMA) protection. Send notice of implementation only; do not include appeal rights.

## **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

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center