

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2515533
Decision Date:	11/20/2025	Hearing Date:	11/19/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Doly Encarnacion, Charlestown MEC



*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; Coverage start date
Decision Date:	11/20/2025	Hearing Date:	11/19/2025
MassHealth’s Rep.:	Doly Encarnacion	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	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 10, 2025, MassHealth approved the appellant's child for MassHealth CommonHealth with no monthly premium starting on September 1, 2025. See 130 CMR 502.006 and Exhibit 1. The appellant filed this appeal in a timely manner on October 21, 2025. See 130 CMR 610.015(B) and Exhibit 2. MassHealth’s decision to suspend, reduce, terminate, or restrict a member’s assistance are valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth approved the appellant's child for MassHealth CommonHealth with no monthly premium starting on September 1, 2025.

Issue

Whether MassHealth correctly determined the appellant’s coverage start date pursuant to 130 CMR 502.006(A)(2)(a).

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center. The appellant appeared pro se on behalf of her child and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that on January 2, 2025, an initial application for MassHealth benefits was submitted by the appellant as the head of household. The appellant resides in a household of four including her spouse and her two children. MassHealth calculated the appellant's total household income as \$12,333.04 per month from employment. This amount consists of the appellant's income of \$1,916.37 per month and her spouse's income of \$10,416.67 per month. This figure equates to 455.33% of the federal poverty level (FPL) for a household of four which exceeds the limit for MassHealth benefits. The income limit to receive MassHealth benefits is \$3,564.00 per month or \$42,768.00 per year for a household of four.¹

As result, the appellant's two children were provided coverage under the Children's Medical Security Plan (CMSP). In May 2025, MassHealth determined that the appellant had an employer-sponsored insurance (ESI) plan available to her and her children through her spouse which meets the minimum credible coverage (MCC) requirements and requested that the appellant enroll her children in this plan. On May 21, 2025, MassHealth terminated the children's CMSP.

On September 9, 2025, the appellant contacted MassHealth and submitted a MassHealth disability supplement form for one of her minor children. Through a notice dated October 6, 2025, MassHealth Disability Evaluation Services (DES) deemed the appellant's child disabled. On October 10, 2025, MassHealth approved the appellant's child for MassHealth CommonHealth with no monthly premium, starting on September 1, 2025.

The appellant testified that her child whose MassHealth benefits are at issue in this appeal has been chronically ill. She confirmed her household size but stated that her income fluctuates because when her child is ill, she cannot work and is unable to earn her usual income. The appellant verified her spouse's income and stated that she had enrolled her family in her spouse's ESI plan in April 2025. Nevertheless, her child has incurred extensive medical bills in the months of July 2025 and August 2025. As such, she argued that the CommonHealth coverage should be back dated to July 2025 to cover the child's medical expenses.

¹ The figure provided by the MassHealth representative incorrectly reflected the applicable eligibility standard at 133% of the FPL. However, the regulations cited *infra* establish that the correct income threshold for MassHealth benefits for children under [REDACTED] is 150% of the FPL, which equates to an annual income of \$48,228.00 for a household of four. See 130 CMR 505.002(B)(2).

Findings of Fact

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

1. The appellant is the mother of a minor child whose MassHealth benefits are at issue in this appeal. (Testimony and Exhibit 1).
2. On January 2, 2205, the appellant submitted an initial application for MassHealth benefits. (Testimony).
3. The appellant resides in a household of four including her spouse and her two children. (Testimony).
4. MassHealth calculated the appellant's total household income as \$12,333.04 per month from employment. This amount consists of the appellant's income of \$1,916.37 per month and her spouse's income of \$10,416.67 per month. (Testimony).
5. This figure equates to 455.33% of the federal poverty level (FPL) for a household of four which exceeds the limit for MassHealth benefits. (Testimony and Exhibit 1).
6. The income limit to receive MassHealth benefits for a child under ■ is \$4,019.00 per month or \$48,228.00 per year for a household of four. (Federal Poverty Guidelines).
7. The appellant's two children were provided coverage under the Children's Medical Security Plan (CMSP). (Testimony and Exhibit 4).
8. In May 2025, MassHealth determined that the appellant had an ESI plan available to her and her children through her spouse which meets the MCC requirements and requested enrollment of the children in this plan. (Testimony).
9. In April 2025, the appellant enrolled her family in her spouse's ESI plan. (Testimony).
10. On May 21, 2025, MassHealth terminated the children's CMSP. (Testimony).
11. On September 9, 2025, the appellant applied for MassHealth benefits for one of her children and submitted a MassHealth disability supplement form. (Testimony).
12. Through a notice dated October 6, 2025, MassHealth DES deemed the appellant's child disabled. (Testimony).
13. On October 10, 2025, MassHealth approved the appellant's child for MassHealth

CommonHealth with no monthly premium, starting on September 1, 2025. (Testimony and Exhibit 1).

14. The appellant filed this appeal in a timely manner on October 21, 2025. (Exhibit 2).

Analysis and Conclusions of Law

MassHealth is responsible for the administration and delivery of health-care services to eligible low- and moderate-income individuals, couples, and families under MassHealth. See 130 CMR 501.002(A). MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits for an individual or family who may be eligible. See 130 CMR 501.003(A). MassHealth formulates requirements and determines eligibility for all MassHealth coverage types. See 130 CMR 501.004(A).

The regulations at 130 CMR 505.000 explain the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. See 130 CMR 505.001. The regulations at 130 CMR 505.004 contain the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults. Disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). See 130 CMR 506.011(I).

Disabled children younger than ■ years old must meet the following requirements to qualify for MassHealth CommonHealth:

- (1) be permanently and totally disabled, as defined in 130 CMR 501.001: Definition of Terms;
- (2) be ineligible for MassHealth Standard;² and
- (3) be a citizen as described at 130 CMR 504.002: U.S. Citizens, lawfully present immigrant, or a nonqualified PRUCOL, as described in 130 CMR 504.003: Immigrants.

See 130 CMR 505.004(G).

The start date of MassHealth benefits is determined by 130 CMR 502.006(A)(2)(a)(1):

² A child one through ■ years old is eligible for MassHealth Standard if: 1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level; and 2. the child is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A): Lawfully Present Immigrants. (b) Eligibility for a child who is pregnant is determined under 130 CMR 505.002(D). See 130 CMR 505.002(B)(2).

(A) Start Date of Coverage for Applicants. For individuals applying for coverage, the date of coverage for MassHealth is determined by the coverage type for which the applicant may be eligible. 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types describes the rules for establishing this date, except as specified in 130 CMR 502.003(E)(1), (F)(2), and (H)(2).

(1) The start date of coverage for individuals approved for benefits under provisional eligibility is described at 130 CMR 502.003(E)(1).

(2) The start date of coverage for individuals who do not meet the requirements for provisional eligibility, as described at 130 CMR 502.003(E)(2)(a), is described at 130 CMR 502.006(A)(2)(a) through (d), except individuals described at 130 CMR 502.006(C).

(a) The start date for individuals who are pregnant or younger than ■ years of age who submit all required verifications within the 90-day time frame is described in 130 CMR 502.006(A)(2)(a)1. and 2.

1. If covered medical services were received during such period, **and the individual would have been eligible at the time services were provided**, the start date of coverage is determined upon receipt of the requested verifications and may be retroactive to the first day of the third calendar month before the month of application except as specified in 130 CMR 502.006(C).

2. If covered medical services were not received during such period, or the individual would not have been eligible at the time services were provided, the start date of coverage is determined upon receipt of the requested verifications and coverage begins ten days prior to the date of application, except as specified in 130 CMR 506.006(C).

(b) For individuals not described in 130 CMR 502.006(A)(2)(a) who submit all required verifications within the 90-day time frame, the start date of coverage is determined upon receipt of the requested verifications and coverage begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

(Emphasis added).

Here, the appellant verified her spouse's income of \$10,416.67 per month³ but stated that her income fluctuates because when her child is ill, she cannot work and is unable to earn her usual income. The income limit for MassHealth Standard for a child under 19 is 150% of the FPL, or \$4,019.00 per month for a household of four. See 130 CMR 505.002(B)(2). Even assuming, without deciding, that the appellant does not earn as much as stated by the MassHealth representative, her spouse's income alone disqualifies her child for MassHealth benefits.

There is no dispute that the appellant's child received medical services and incurred medical bills in July 2025. However, in order for the start date of coverage to be retroactive to the first

³ In determining monthly income, MassHealth averages weekly income multiplied by 4.333. See 130 CMR 506.007(A).

day of the third calendar month before the month of application, the child must have received medical services during such period, **and the individual would have been eligible at the time services were provided**. See 130 CMR 502.006(A)(2)(a)(1). The appellant's child was not eligible for MassHealth benefits when services were provided in July 2025 because the household income exceeded the allowed threshold and the child was not deemed disabled at that time.

The child became eligible for MassHealth CommonHealth when MassHealth DES determined the child disabled. Through a notice dated October 6, 2025, DES notified MassHealth of its determination. See 130 CMR 505.004(G). While I am sympathetic to the appellant's position, as stated supra, the regulations do not support her argument. As such, there is no regulatory provision to support the start of coverage to be retroactive to the first day of the third calendar month before the month of application and the appellant did not provide any authority in support of her argument. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)(proof by a preponderance of the evidence is the standard generally applicable to administrative proceedings). As such, I find that MassHealth correctly approved the child for MassHealth CommonHealth starting on September 1, 2025.

Order for MassHealth

None.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129