

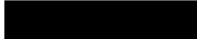
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Denied in part	Appeal Number:	2516227
Decision Date:	12/15/2025	Hearing Date:	12/03/2025
Hearing Officer:	Scott Bernard		

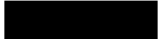
Appearance for Appellant:

 (mother) *via* telephone

Appearance for MassHealth:

Lorena Garcia, Tewksbury MEC, *via* telephone

Interpreter:

 (Cambodian) *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:	Dismissed in part; Denied in part	Issue:	Community Eligibility Under 65/Income
Decision Date:	12/15/2025	Hearing Date:	12/03/2025
MassHealth's Rep.:	Lorena Garcia	Appellant's Rep.:	██████████
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 two notices dated October 7, 2025, MassHealth informed the appellant's mother as follows. In the first notice, MassHealth advised that the appellant, a child, was eligible for the Children's Medical Security Plan (CMSP) effective October 1, 2025, and that he would no longer be eligible for MassHealth Family Assistance after October 21, 2025 because his household income exceeded the limit for his household size. (See 130 CMR 506.011, 505.008; and Exhibit (Ex.) 1). In the second notice, MassHealth informed the appellant's mother that she was not eligible for MassHealth because her income exceeded the applicable limit. (See 130 CMR 506.007(B), 502.003; Ex. 2). The appellant's mother filed this appeal in a timely manner on November 6, 2025. (See 130 CMR 610.015(B) and Ex. 3). Denial and/or termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant and his mother were not eligible for MassHealth because their household income exceeded the income limits for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant and his mother were not eligible for MassHealth coverage because their household's income exceeded the income limits.

Summary of Evidence

MassHealth was represented by a Benefits Eligibility Representative from the Tewksbury MassHealth Enrollment Center (MEC). The appellant's mother appeared on behalf of herself and the appellant, with the assistance of an interpreter. All participants attended the hearing by telephone.

The MassHealth representative testified that MassHealth verified the household's income and citizenship on October 7, 2025, after requesting that documentation, and that this verification resulted in MassHealth issuing the two notices under appeal. (Testimony). The household consists of three people: the appellant's mother and father, and the appellant. (Testimony). Both adults are older than ■ but younger than ■ years old, and the appellant is under ■ (Testimony; Exs. 4–5). MassHealth confirmed that all household members are U.S. citizens. (Testimony; Exs. 4–5).

MassHealth next reviewed the household's financial eligibility. MassHealth verified that the appellant's mother received \$794.44 per week, and her spouse received \$2,820.00 every two weeks, both from employment. (Testimony). After multiplying the mother's income by 4.333 and the spouse's by 2.167, MassHealth determined the household's gross monthly income (GMI) was \$9,551.84, equal to 430.07% of the federal poverty level (FPL). (Testimony). After applying a five-percentage-point disregard, MassHealth compared the resulting 425.07% figure to the income limits for MassHealth Standard and for Family Assistance. In the appellant's circumstances, Family Assistance eligibility requires countable household income that is greater than 150% but equal to or less than 300% of the FPL. (Testimony). MassHealth also concluded that the appellant's mother was over the income limit for MassHealth Standard, which is 133% of the applicable FPL for a parent or caretaker adult. Also, the appellant was over the income limit for MassHealth Standard, which is 200% of the applicable FPL (Testimony). The representative added that no household member is disabled and that although the appellant's father is part of the MAGI household, he previously removed himself from eligibility consideration. (Testimony).

The appellant's mother offered the following testimony concerning the appeal and her household's circumstances. She did not dispute MassHealth's income calculations. She stated that there had been no changes to her household composition or income since MassHealth issued the October 7, 2025 notices. (Testimony). She explained that she was not contesting MassHealth's denial of her own eligibility but was appealing the downgrade of her child's coverage so that the appellant could remain on MassHealth Family Assistance. (Testimony). The appellant's mother

further stated that her household expenses had increased significantly and asked whether MassHealth could take those expenses into account when determining eligibility, noting that her family had also been denied Women, Infants, and Children's (WIC) benefits due to excess income. (Testimony). Without challenging the calculation of the \$64.00 monthly CMSP premium, the appellant's mother testified that she would be willing to pay the premium if CMSP covered emergency services but was unwilling to do so while such coverage was excluded. (Testimony).

Prior to the hearing, the appellant's mother provided a written submission outlining the family's financial difficulties and attaching related documentation. (Ex. 6). The submission consisted of a letter in which she described financial hardship and asked MassHealth to reconsider the downgrade of her child's coverage, noting high housing costs, postpartum depression, unpaid maternity leave, outstanding medical bills, and the family's denial of WIC benefits. (Id.). The attached documents included a mortgage statement, medical bills, and a clinical note regarding postpartum depression. (Id.).

Findings of Fact

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

1. The appellant's household consists of three people: the appellant, the appellant's mother, and the appellant's father. (Testimony).
2. The appellant's mother and her spouse are both younger than [REDACTED] years old. (Testimony; Ex. 4).
3. The appellant is younger than [REDACTED] (Testimony; Ex. 5).
4. The three members of the household are United States citizens. (Testimony; Exs. 4, 5).
5. On October 7, 2025, MassHealth verified the household's income and citizenship information, which the appellant's mother had earlier submitted in response to a MassHealth request for that documentation. (Testimony).
6. Through two notices dated October 7, 2025, MassHealth informed the appellant's mother that her child would become eligible for CMSP on October 1, 2025 and lose Family Assistance after October 21, 2025 because the household's income exceeded the limit, and, in a separate notice, informed the appellant's mother that she was not eligible for MassHealth due to excess income. (Testimony; Exs. 1–2).
7. MassHealth records show that the appellant's mother presently earns \$794.44 per week and her spouse earns \$2,820.00 every two weeks, for a combined gross monthly income of \$9,551.84, equal to 430.07% of the FPL for a household of three. (Testimony).

8. After applying the 5% income disregard, MassHealth determined that the household's income equaled 425.07% of the FPL, which exceeded the income limits for MassHealth Standard for both the appellant and his mother. (Testimony).
9. MassHealth also determined that the household's income exceeded the eligibility limit for the appellant's MassHealth Family Assistance coverage, which requires household income greater than 150% but less than or equal to 300% of the FPL. (Testimony).
10. No member of the household is disabled. (Testimony; Exs. 4-5).
11. The appellant's mother did not contest MassHealth's denial of her own eligibility, but was appealing the downgrade of her child's coverage so that the appellant could remain on MassHealth Family Assistance. (Testimony).

Analysis and Conclusions of Law

BOH will dismiss a hearing request when, among other reasons, an appellant withdraws the request. (130 CMR 610.035(A)(2)). At the hearing, the appellant's mother stated that she did not contest MassHealth's denial of her own eligibility, thereby relinquishing any challenge to that portion of the case. Accordingly, the part of the appeal concerning the eligibility determination for the appellant's mother is DISMISSED. The appellant's mother stated that she wished to continue with the portion of the appeal concerning the downgrade of her child's coverage.

Financial eligibility for coverage types determined under the MassHealth MAGI household rules is based on comparing the household's countable income, after allowable deductions, with the applicable income standard for the specific coverage type. (130 CMR 506.007(A)). MassHealth will construct a household for each individual who is applying for or renewing coverage, and different households may exist within a single family depending on the family members' familial and tax relationships to each other. (130 CMR 506.007(A)(1)).

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 household. Income of all household members forms the basis for establishing an individual's eligibility. (130 CMR 506.007(A)(2)). A household's countable income is the sum of the gross 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. (130 CMR 506.007(A)(2)(a)). Countable income includes earned income and unearned income (not applicable in this appeal) less deductions. (130 CMR 506.007(A)(2)(b)). Earned income is the total amount of taxable compensation received for work or services performed, less pretax deductions, and may include wages, salaries, tips, commissions, and bonuses. (130 CMR 506.003(A)(1)).

In determining monthly income, MassHealth multiplies average weekly income by 4.333 and biweekly income by 2.167. (130 CMR 506.007(A)(2)(c)). Once MassHealth determines a

household's countable income, it determines what percentage of the FPL that income represents and subtracts five percentage points. (130 CMR 506.007(A)(3)). This adjusted income is then compared to the FPL to determine the individual's eligibility. (Id.).

A child younger than nineteen is eligible for MassHealth Family Assistance if the household income exceeds 150% but does not exceed 300% of the FPL and the child is ineligible for MassHealth Standard or CommonHealth. (130 CMR 505.005(B)(1)(a)–(c)). The child must also be a U.S. citizen or national, which includes individuals born in the United States and its territories (with limited exceptions), individuals born abroad to a U.S. citizen parent, naturalized citizens, and nationals, including those born in certain outlying possessions to a national parent. (130 CMR 505.005(B)(1)(d); 130 CMR 504.002(A)–(D)(1)–(2)). There are additional requirements to comply with MassHealth's insurance review, including enrolling in employer-sponsored insurance when required and ensuring the child is either uninsured or enrolled in coverage that meets specified Premium Assistance criteria. (130 CMR 505.005(B)(1)(e); 130 CMR 506.012(B)(1)–(3)).

Although the appellant meets the non-financial eligibility criteria for Family Assistance, including being a United States citizen, being younger than [REDACTED] and being ineligible for MassHealth Standard or CommonHealth, the household's income exceeds the program's financial limit. For a household of three in the appellant's circumstances, the income limit is greater than 150% but no more than 300% of the FPL. The household's gross income is 430.07% of the FPL, and after applying the five-percent disregard, the countable household income is 425.07% of the FPL, which exceeds the 300% upper limit. Therefore, the appellant is not eligible for MassHealth Family Assistance at this time.

For the above-stated reasons, the appeal is DISMISSED regarding the appellant's mother's eligibility determination and DENIED regarding the termination of the appellant's Family Assistance benefit.

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA
01876-1957