

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517144
Decision Date:	2/11/2026	Hearing Date:	01/09/2026
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Lashaun Kelley – Quincy 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; Income
Decision Date:	2/11/2026	Hearing Date:	01/09/2026
MassHealth's Rep.:	Lashaun Kelley	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 24, 2025, MassHealth automatically renewed the appellant's son's eligibility for the Children's Medical Security Program, implicitly denying MassHealth eligibility. (Exhibit 1.) The appellant filed this appeal in a timely manner on November 19, 2025. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant's household MassHealth eligibility based upon the household's income.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.000 and 506.000, in calculating the appellant's household income and denying MassHealth eligibility.

Summary of Evidence

MassHealth's representative testified that the appellant has a household of 2 with herself and her child. MassHealth completed an auto-renewal of the appellant's household in October, based upon

monthly countable income of \$5,617. MassHealth's representative testified that this is equivalent to 314% of the federal poverty level for a household of 2, so the appellant's child was approved for the Children's Medical Security Program (CMSP). MassHealth's representative testified that the appellant's son had been covered by the CMSP since January 2025, so this was not a change in coverage. CMSP is not a full insurance, and MassHealth's representative referred the appellant to the customer services department to find out what services are covered by CMSP.

The appellant was surprised to learn that her son had not been covered by insurance prior to going for his annual checkup. She then tried to enroll her son in insurance through the Health Connector, but it was going to cost \$250 per month. She testified that this is unaffordable, as she had just claimed bankruptcy and was still in a precarious financial situation. The appellant testified that she has health insurance through her employer, but that her work is in another state, which means that all of the covered doctors are not near her home. The appellant also testified that her take-home income is only about \$4,000 per month, not \$5,617. She found a recent paystub and testified that the gross income amount from the bi-weekly paystub was \$3,337, but the federal taxable income was \$2,900.

The appellant testified that she thought her son had been covered by MassHealth because she had been required to pay \$90 to reinstate his benefits about a year ago. MassHealth's representative could not see anything that this payment might have been referring to. MassHealth's representative testified that CMSP typically charges a premium, and in the appellant's case the amount would be about \$33 per month. It was hypothesized that past-due CMSP premiums may have been required. At this point, however, MassHealth's representative confirmed that the CMSP benefit did not appear to be charging the appellant a premium.

Findings of Fact

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

- 1) The appellant has a household of 2, including herself and her dependent child. (Testimony by MassHealth's representative.)
- 2) MassHealth auto renewed the appellant's coverage in October 2025 based upon a household size of 2 and monthly income of \$5,617. The appellant's child was renewed in the Children's Medical Security Plan without a premium. (Exhibit 1; testimony by MassHealth's representative.)
- 3) The appellant's taxable bi-weekly income is now \$2,900. (Testimony by the appellant.)

Analysis and Conclusions of Law

CMSP benefits are not MassHealth benefits, though MassHealth determines eligibility for CMSP benefits. "CMSP provides coverage to uninsured children younger than 19 years old who do not

qualify for any other MassHealth coverage type, ... and who do not have physician and hospital health-care coverage.” (130 CMR 522.004(B).) Therefore, in order to be eligible for CMSP, an applicant must be ineligible for MassHealth benefits.

U.S. citizens and lawfully present immigrant children between the ages of 1 and 18 are eligible for MassHealth Standard coverage with income below 150% of the federal poverty level. (130 CMR 505.002(B)(2).) The Family Assistance benefit covers children with income between 150% and 300% of the federal poverty level. (130 CMR 505.005(B).)

For individuals under the age of 65, countable income includes the total amount of taxable income received by everyone in a member’s household “after allowable deductions on the U.S Individual Tax Return,” and specifically includes “social security benefits.” (130 CMR 506.003(B); see also 130 CMR 506.002.) Monthly income is derived by multiplying average weekly income by 4.333, and “[f]ive 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.” (130 CMR 506.007(A).)

The federal poverty level for a household of 2 in 2025 was \$1,763 per month. The appellant’s weekly income would be \$1,450, based upon her testimony. Multiplied by 4.333, this equates to monthly income of \$6,282.85. The resulting federal poverty level is 351% once 5% is disregarded. Because the appellant’s income is over 300% of the federal poverty level, MassHealth was correct that the appellant’s son is ineligible for MassHealth. Therefore, MassHealth was correct to approve him for CMSP.¹

This appeal is DENIED.

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.

¹ The notice on appeal states that the appellant is not being charged a premium for CMSP. Pursuant to 130 CMR 506.011(B)(6), it appears that the appellant should be billed \$33.14 per month, as a member of a premium billing family group with income “[g]reater than or equal to 300.1%, but less than or equal to 400.0%.” The appellant may file a new appeal if she receives a notice assessing her household a premium with which she disagrees.

Christopher Jones
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171