

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2518598
Decision Date:	1/27/2026	Hearing Date:	01/23/2026
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Marie Ngonga, 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

Appeal Decision:	Denied	Issue:	Community Eligibility; Under 65, Income
Decision Date:	1/27/2026	Hearing Date:	01/23/2026
MassHealth's Rep.:	Marie Ngonga	Appellant's Rep.:	Pro se
Hearing Location:	(Telephone) Charlestown	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 November 27, 2025, MassHealth denied the appellant's child's application for MassHealth benefits because MassHealth determined that the household is over the income limit to qualify. See 130 CMR 505.005 and Exhibit 1. The appellant filed this appeal in a timely manner on December 15, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's child's application for any MassHealth benefits beyond the Children's Medical Security Plan.

Issue

The appeal issue is whether MassHealth correctly determined that the appellant's household income exceeds the limit for any benefit beyond the Children's Medical Security Plan.

Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of three with his spouse and his minor child. 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 testimony and evidence provided at the hearing.

The appellant's child has received the Children's Medical Security Plan since March 3, 2024¹. On or about November 27, 2025, the MassHealth computer system automatically updated the household's account and determined that the appellant's child was over the income limit to qualify for any MassHealth benefit beyond the Children's Medical Security Plan. The MassHealth representative reported that MassHealth verified a total gross monthly household income of \$12,176.00, with the appellant earning approximately \$4,896.02 in monthly wages and his spouse earning approximately \$7,280.51 per month. Because this amount exceeds \$6,663.00, which is 300% of the federal poverty level for a household of three, MassHealth issued a notice denying the child for MassHealth benefits and approving him for the Children's Medical Security Plan on November 27, 2025.

The appellant stated that his child does not have cancer or HIV and is not pregnant. He reported that the child may have a disability and the family recently submitted a disability supplement. MassHealth reported that the disability application is currently being processed. The appellant stated that his child is hoping to get surgery to correct an abnormality he has had since birth. He disagreed with MassHealth's calculation of his and his spouse's income, reporting that the income is largely tip-dependent. He estimated that he earns, on average, \$3,000.00 in gross monthly income, while his spouse earns approximately \$4,000.00 per month. He stated that the amount can increase if they receive more tip income on a given day.

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 resides in a household of three with his spouse and their minor child. Testimony, Exhibit 4.
2. The appellant's child has received the Children's Medical Security Plan since March 3, 2024. Exhibit 1, Exhibit 4.
3. On or about November 27, 2025, MassHealth automatically updated the appellant's

¹ The appellant is a MassHealth member who currently receives MassHealth CommonHealth benefits.

household account. Testimony. MassHealth verified the appellant and his spouse's income and determined that the household is over the income limit to qualify for MassHealth Standard and MassHealth Family Assistance. Exhibit 1, Testimony. MassHealth issued a notice to that effect on November 27, 2025, and approved the appellant's child for the Children's Medical Security Plan. *Id.*

4. The appellant filed a timely request for fair hearing on December 15, 2025. Exhibit 2.
5. The appellant earns, on average, \$3,000.00 in gross monthly income, and his spouse earns approximately \$4,000.00 per month. Testimony. That amount can increase depending on what they receive in tips. *Id.*
6. The appellant's child, does not have HIV or cancer, is not pregnant, and has not been deemed disabled by the Social Security Administration, and his MassHealth disability application is still pending. 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, the appellant child is between the ages of 1 and 18. Thus, he meets the categorical requirements to qualify for MassHealth Standard and Family Assistance. The question then remains as to whether he meets the income requirements to qualify for either benefit.

A child between the age of 1 through 18 is financially eligible for MassHealth Standard if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level.” 130 CMR 505.002(C)(1)(a). Children who are citizens are eligible for MassHealth Family Assistance if the “modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300% of the federal poverty level.” 130 CMR 505.005(A)(1). 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:

(2) Individuals Claimed as a Tax Dependent on Federal Income Taxes.

(a) For an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which the initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.002(B)(2)(b)1., 2., or 3., the household consists of

1. the individual;
2. the individual’s spouse, if living with them;
3. the taxpayer claiming the individual as a tax dependent;
4. any of the taxpayer’s tax dependents; and
5. if any individual described in 130 CMR 506.002(B)(2)(a)1. through 4. is pregnant, the number of expected children.

Here, the appellant does not dispute that her family resides in a household of three. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 150% of the federal poverty level equates to a monthly income of \$3,332.00 for a household of three, while 300% is \$6,663.00. 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."

In this case, MassHealth determined, and the appellant agrees, that he and his spouse earn a combined average gross monthly income of at least \$7,000.00. As that amount exceeds 300% of the federal poverty level for a household of three, even less the 5% federal poverty level deduction, and the appellant's child has not yet found to have a health condition that would change his applicable income standard, the appellant's child is not eligible for MassHealth Standard or MassHealth Family Assistance. As such, I find no error with MassHealth's November 27, 2025, notice denying the appellant's child for MassHealth benefits beyond the Children's Medical Security Plan.²

² The notice at issue imposed a monthly premium of \$64.00 for the appellant's child to maintain

For the foregoing reasons, the appeal is hereby denied.

The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center

his Children's Medical Security Plan benefits pursuant to 130 CMR 506.011. The appellant did not challenge the imposition of that premium, nor is there any assertion or evidence that it was improperly calculated.