

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in part; Denied in part	<b>Appeal Number:</b>	2600150
<b>Decision Date:</b>	1/29/2026	<b>Hearing Date:</b>	1/28/2026
<b>Hearing Officer:</b>	David Jacobs	<b>Record Open to:</b>	

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Elizabeth Nickoson, Taunton 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

<b>Appeal Decision:</b>	Approved in part; Denied in part	<b>Issue:</b>	Eligibility; Over Income; TMA
<b>Decision Date:</b>	1/29/2026	<b>Hearing Date:</b>	1/28/2026
<b>MassHealth's Rep.:</b>	Elizabeth Nickoson	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephonic	<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 12/30/2025, MassHealth notified the appellant that she does not qualify for MassHealth benefits because her income is too high (130 CRM 506.007(B) and Exhibit 1). The appellant filed this appeal in a timely manner on 12/30/2025 (130 CRM 610.015(B) and Exhibit 2). Scope and determination of services are valid grounds for appeal before the Board of Hearings (130 CRM 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant MassHealth benefits because her income is too high.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

## Summary of Evidence

The parties appeared telephonically. MassHealth was represented by Elizabeth Nickoson and the appellant represented herself. The MassHealth representative testified that the notice on appeal was generated when the appellant updated her income on 12/30/2025. According to current MassHealth records, the appellant resides in a household of 4 and has a gross monthly income of \$3,841.41 from the appellant's school job and her husband's self-employment. This income places the appellant's household at 138.27% of the Federal Poverty Level ("FPL). To receive MassHealth Standard benefits the appellant must be at or below 133% of the FPL which, for a household of 4, is \$3,564.00 gross monthly income. As the appellant's FPL is above the limit for MassHealth Standard, the appellant received the 12/30/2025 denial notice on appeal.

The appellant conceded to the facts testified to by MassHealth. She understands that she is not eligible for MassHealth Standard benefits due to her current income. However, she argues that she was previously eligible for MassHealth Standard and meets the criteria for those benefits to be extended by up to 12 months due to Transitional Medical Assistance ("TMA").

MassHealth responded that she was not eligible or TMA because she did not have verified income at the time when she updated her income on 12/30/2025. On 11/26/2025, MassHealth sent the appellant a notice requesting the appellant to update her income which was due on 2/24/2026. The MassHealth system cannot grant TMA while the appellant has unverified income. She testified that she spoke to her supervisor and manager over this issue, but they agreed that nothing could be done.

The appellant reacted with confusion over this testimony as she was not sure how she could have avoided this fate as what triggered TMA not being applied for unverified income was attempting to verify her income. In response, the hearing officer asked the parties for additional information to see if the appellant could qualify for TMA.

MassHealth concedes that the appellant is a caretaker of two children under [REDACTED] in which she shares a household, is currently employed, and besides her income is otherwise eligible for MassHealth Standard. The MassHealth representative testified that in 2024 the appellant's household had verified total gross monthly income of \$1,298.41. This income placed the appellant's household at 43.46% of the FPL and made the appellant and her two children eligible for MassHealth Standard.<sup>1</sup> The appellant explained that she finished her schooling in 2025 and is now earning increased income at her job.

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<sup>1</sup> The appellant's spouse has separate health benefits and has not formerly, nor is currently applying for MassHealth benefits

## Findings of Fact

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

1. The appellant resides in a household of 4 and has current gross monthly income of \$3,841.41, which places her at 138.27% of the FPL.
2. At the time of the hearing 133% of the FPL for a household of 4 is \$3,564.00 gross monthly income.
3. The appellant resides with two children under ■ for which she is the caretaker and is currently employed
4. In 2024, MassHealth verified that the appellant resided in a household of 4 with verified gross monthly income of \$1,298.41, which placed her at 43.46% of the FPL.
5. On 11/26/2025, MassHealth requested that the appellant updated her income with a deadline of 2/24/2026.
6. On 12/30/2025, the appellant updated her income. The appellant's updated income placed her over 133% of the FPL triggering the denial notice on appeal.
8. On 12/30/2025, the appellant appealed the notice.

## Analysis and Conclusions of Law

Parents of children under age ■ are categorically eligible for MassHealth Standard. (130 CMR 505.002(C)(1)). The income limit for Standard for parents is 133% of the federal poverty level, or \$3,564.00 a month for a family of 4. (130 CMR 505.002(C)(1)(a)). It is uncontested that the appellant's income exceeds 133% of the FPL for a family of 4 and thus she is not financially eligible for MassHealth Standard.

Therefore, as to this issue, the appellant's appeal is DENIED.

However, MassHealth members who are members of an EAEDC or TAFDC household may be eligible to receive extended MassHealth benefits under 130 CMR 505.002(L).

Under 130 CMR 505.002(L)(5), if an individual in a MassHealth MAGI household who receives MassHealth under 130 CMR 505.002(L)(1) or (2) had income at or below 133% of the FPL during their extended period, and now has income including earnings that raise the MassHealth MAGI modified adjusted gross income above that limit, the MassHealth MAGI household is eligible for

another full 12-calendar-month period that begins with the date on which the member's MAGI exceeds 133% of the federal poverty level (FPL) if:

- (a) The MassHealth household continues to include a child younger than ■ years living with the parent or caretaker;
- (b) A parent or caretaker relative continues to be employed; and
- (c) The parent or caretaker relative complies with 505.002(M)

Here, it is uncontested that the appellant's household continues to include a child younger than ■ years of age with the appellant as caretaker, the appellant continues to be employed, and besides her income she is otherwise eligible for MassHealth Standard. Moreover, the appellant has increased earnings since 2024 which places her over the 133% FPL limit for MassHealth Standard. MassHealth argument that TMA was unable to be applied because the appellant had unverified income seems to be a limitation on the MassHealth system and not based on the regulations. The appellant received notice to update her income on 11/26/2025 and did so in a timely manner before the deadline of 2/24/2026. All the income presented during the hearing is credible and uncontested by both parties. Therefore, MassHealth's argument is rejected.

As the appellant meets all the criteria for TMA under 130 CMR 505.002(L)(5), the appellant's previous MassHealth Standard benefits are extended until 12/30/2026.

Therefore, as to this issue, the appellant's appeal is APPROVED.

## **Order for MassHealth**

Change the appellant's eligibility to MassHealth Standard under TMA until 12/30/2026.

## **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.

## **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.

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David Jacobs  
Hearing Officer  
Board of Hearings

cc: Taunton MEC