

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2600810
Decision Date:	2/25/2026	Hearing Date:	02/11/2026
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Danielle Syrek

Interpreter:
Spanish-Language¹

¹ The appellant requested a Spanish-Language interpreter; however, once the hearing officer contacted her on the telephone, she stated she speaks English and does not need an interpreter.



*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:	2/25/2026	Hearing Date:	02/11/2026
MassHealth's Rep.:	Danielle Syrek	Appellant's Rep.:	Pro se
Hearing Location:	Springfield 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 a notice dated 01/02/2026, MassHealth informed the appellant that it decided she was not eligible for MassHealth benefits because the family has more countable income than MassHealth benefits allow (see 130 CMR 505.002 - .009, 506.001 – 004 and Exhibit 1). The appellant filed this appeal in a timely manner on 01/12/2026, appointing her mother as her appeal representative (see 130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's MassHealth benefits because her household's income exceeds the program limits.

Issue

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

for MassHealth benefits because the household's income exceeds the program limits.

Summary of Evidence

Exhibits 1 - 3 were admitted into evidence. The appellant's representative, her mother, appeared at the fair hearing telephonically, as did the MassHealth representative.

The MassHealth representative testified that the appellant is [REDACTED] years of age and she lives in the community. She, her sibling and her mother are counted as a household of three people. Prior to the 01/02/2026 MassHealth termination notice, the appellant was eligible for and received MassHealth Family Assistance benefits. The appellant's MassHealth coverage was protected for one year beginning on 11/30/2024. On 11/30/2025, MassHealth informed the appellant that her 12-month period of continuous care (or continuous eligibility) ended and that an eligibility determination would be made.

On 10/30/2025, the appellant submitted a renewal application to MassHealth. MassHealth requested additional information regarding the family's income and sent the appellant a job update form that was required to be completed and submitted to MassHealth by 12/05/2025. It was not returned. MassHealth then used the income information that was obtained by a data match to determine the appellant's eligibility. According to the data match, the family's income is 311% of the federal poverty level. Because the family's income exceeds the income limit for MassHealth benefits, the appellant was informed that her application was denied and that she could access benefits through the Health Connector.

In order for an applicant to be eligible for MassHealth benefits, the person's income must be below 133% of the federal poverty level (FPL). For a family group of three people, the income limit is \$2,954.00. The appellant's benefits were terminated on 11/30/2025 because the family's income exceeds 133% of the FPL. The appellant has not indicated that she has been determined to be disabled by Social Security or MassHealth, she has not indicated she is HIV positive, pregnant, or diagnosed with breast or cervical cancer. Because the income exceeds 133% of the FPL, the appellant is not eligible for MassHealth benefits. The MassHealth representative informed the appellant that if her income is different than what is on file, she can update her case at any time online, in person, or by telephone. The appellant was determined to be eligible for Health Safety Net and referred to the Health Connector.

The appellant was represented by her mother who appeared at the fair hearing telephonically. She testified that the appellant has "medical needs," and she would like to be reenrolled in MassHealth. She testified that the family's expenses are such that the appellant cannot afford to pay for a health connector plan. The appellant was unable to testify as to what her income is.

Findings of Fact

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

1. Appellant is between the ages of [REDACTED] of age and lives in the community with her mother and sibling.
2. For the purposes of MassHealth eligibility, the appellant is a member of a household of three people (Testimony).
3. On 11/30/2024, the appellant was determined to be eligible for MassHealth Family Assistance benefits under the protection of MassHealth's continuous care (or continuous eligibility) policy that provides an additional 12 months of coverage, regardless of some income or family size changes.
4. The appellant's MassHealth continuous coverage period terminated on 11/30/2025.
5. In November 2025, MassHealth sent to the appellant's mother, the head of household, a job update form with instructions that it be completed and submitted to MassHealth by 12/05/2025 (Testimony).
6. MassHealth did not receive a completed job update form to MassHealth by the 12/05/2025 deadline.
7. Using data matches, MassHealth determined that the appellant's household has income that exceeds 133% of the federal poverty level.
8. 133% of the federal poverty level for a household of three is \$2,954.00 as of 03/2025.
9. On 01/02/2026, MassHealth informed the appellant that it decided she was not eligible for MassHealth benefits because the family has more countable income than MassHealth benefits allow. MassHealth informed the appellant that she was eligible for Health Safety Net and a Health Connector Plan (Exhibit 1; Testimony).
10. The appellant filed this appeal in a timely manner on 01/12/2026 (Exhibit 2).
11. A fair hearing was held on 02/11/2026. All parties appeared telephonically (Exhibit 3).
12. The appellant was unable to verify her income at the fair hearing.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) **MassHealth Standard** - for people who are pregnant, 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 old who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, 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.

Regulations at 130 CMR 505.002 address MassHealth Standard benefit eligibility for young adults, as follows:

(3) Young Adults ■ through ■ Years Old.

(a) A young adult is eligible if

1. ***the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level (FPL);*** and
2. the young adult 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*.

(Emphasis added.)

MassHealth determined that the appellant is not eligible for MassHealth benefits because the household's income exceeds the guidelines for that benefit. MassHealth requested that the appellant's mother, the head of household, submit updated employment and income verifications in November 2025. The requested form was not returned to MassHealth by the deadline. As a result, MassHealth used a data match to calculate the household's income.

The family is counted as a household of three people. In order to be income-eligible for MassHealth Standard benefits, the family's gross monthly income must be less than 133% of the FPL, or \$2,954.00. The family's income is at 311.5% of the federal poverty level, which exceeds 150% income limit for MassHealth programs.

When given the opportunity to provide updated income information at the fair hearing, the appellant's mother was unable to do so. Since she was not able to show MassHealth's eligibility and income information is incorrect, this appeal is therefore denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Health Connector questions can be addressed by calling 1-877-623-6765. Additionally, if the appellant's income or household size changes, he should contact MassHealth for a new determination of benefits.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104