

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2601003
Decision Date:	2/25/2026	Hearing Date:	02/17/2026
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Steven Prattico, Springfield 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:	2/25/2026	Hearing Date:	02/17/2026
MassHealth's Rep.:	Steven Prattico	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center (Telephone)	Aid Pending:	Yes

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 January 2, 2026, MassHealth notified the Appellant that it was terminating her MassHealth Standard benefits, effective February 28, 2026, because her income was too high and her Transitional Medical Assistance¹ period had ended. 130 CMR 505.002(L)(5) and Exhibit 1. The Appellant filed this appeal in a timely manner on January 14, 2026. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth notified the Appellant that it was terminating her MassHealth Standard, effective February 28, 2026.

¹ The regulations refer to this as "extended eligibility." 130 CMR 505.002(L).

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002(L)(5), in determining that the Appellant no longer qualified for MassHealth Standard and Transitional Medical Assistance.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult between the ages of [REDACTED] and has a household size of two, which includes her minor child. The MassHealth representative explained that the Appellant's 12-month Transitional Medical Assistance period ended December 31, 2025, and that her income was too high to qualify for MassHealth Standard, because it was greater than 133% of the federal poverty level. The MassHealth representative testified that on November 19, 2025, the Appellant's income was \$1,320.00 bi-weekly, which equals 157.29% of the 2025 federal poverty level, and that the Appellant's household income was updated on February 2, 2026, to \$1,280.00 bi-weekly, which is 152.19% of the 2025 federal poverty level. The MassHealth representative testified that the Appellant's minor child currently qualifies for MassHealth Standard. The MassHealth representative testified that MassHealth's income calculations are based on a household's gross, not net, income. The MassHealth representative testified that the allowable deductions from income echo the federal tax return deductions, and do not include expenses like rent and utilities.

The Appellant verified her identity. Prior to the hearing, the Appellant submitted evidence of her prescriptions, medical conditions, and living expenses. Exhibit 5. The Appellant testified that she has very bad anxiety and many medical issues. The Appellant testified that she did not realize that her benefits were temporarily extended, and that she had been on MassHealth for 20 years, with relatively the same income for several years. The Appellant testified that she does not receive child support and works full time, though her hours vary from 30-33 hours per week. She agreed with the income information testified to by the MassHealth representative. The Appellant testified that she is concerned about her bills and living expenses, and she is also concerned because she is on seven prescription medications and is worried about how she will afford medication and co-pays.

Findings of Fact

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

1. The Appellant is an adult between the ages of [REDACTED] Testimony, Exhibit 4.
2. The Appellant has a household size of two, consisting of herself and her minor child. Testimony.
3. The Appellant's household income is \$1,280.00 bi-weekly, which is 152.19% of the 2025 federal

poverty level for a household of two. Testimony.

4. The Appellant's Transitional Medical Assistance or extended eligibility period ended on December 31, 2025. Testimony.
5. On January 2, 2026, MassHealth notified the Appellant that her MassHealth Standard benefits would end on February 28, 2026, because her income was too high and her Transitional Medical Assistance period had ended. Exhibit 1.
6. On January 14, 2026, the Appellant filed a timely appeal with the Board of Hearings of the January 2, 2026 MassHealth notice. Exhibit 2.

Analysis and Conclusions of Law

MassHealth regulations provide:

130 CMR 505.002: MassHealth Standard

(A) Overview.

(1) 130 CMR 505.002 contains the categorical requirements and financial standards for MassHealth Standard serving children, young adults, parents, caretaker relatives, people who are pregnant, disabled individuals, certain individuals with breast or cervical cancer, certain individuals who are HIV positive, independent foster-care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F).

....

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than [REDACTED] years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the FPL;

(b) the individual is a citizen as described at 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of their children, or has children who are absent from home to attend school; or

2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

....

(L) Extended Eligibility.

- (1) Members of an EAEDC or Transitional Aid to Families with Dependent Children (TAFDC) household whose cash assistance terminates continue to receive four months of MassHealth Standard, or Family Assistance (if enrolled in Family Assistance), coverage beginning in the month the household became ineligible if they are
 - (a) terminated from EAEDC or TAFDC and are determined to be potentially eligible for MassHealth; or
 - (b) terminated from TAFDC because of receipt of or an increase in spousal or child support payments.
- (2) Members of a TAFDC household who become ineligible for TAFDC for employment-related reasons continue to receive MassHealth Standard for a full 12-calendar-month period beginning with the month after MassHealth determined that they became ineligible for TAFDC if
 - (a) the household continues to include a child;
 - (b) a parent or caretaker relative continues to be employed; and
 - (c) the parent or caretaker relative complies with 130 CMR 505.002(M).
- (3) Members of a MassHealth MAGI household who receive MassHealth Standard (whether or not they receive TAFDC) and have earnings that raise the MassHealth MAGI household's modified adjusted gross income above 133% of the FPL continue to receive MassHealth Standard for a full 12-calendar-month period that begins with the month after MassHealth determined that the members' MAGI exceeds 133% of the FPL if
 - (a) the MassHealth household continues to include a child younger than ■ years old living with the parent or caretaker;
 - (b) a parent or caretaker relative continues to be employed;
 - (c) the parent or caretaker relative complies with 130 CMR 505.002(M); and
 - (d) the member is a citizen or a qualified noncitizen.
- (4) MassHealth independently reviews the continued eligibility of the TAFDC, EAEDC, and MassHealth MAGI households at the end of the extended period described in 130 CMR 505.002(L)(1) through (3).
- (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 FPL if
 - (a) the MassHealth household continues to include a child younger than ■ years old 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 130 CMR 505.002(M).
- (6) If a MassHealth MAGI household's modified adjusted gross income decreases to 133%

of the FPL or below during its extended eligibility period, and the decrease is timely reported to MassHealth, the MassHealth MAGI household's eligibility for MassHealth Standard may be redetermined. If the MassHealth MAGI household's gross income later increases above 133% of the FPL, the MassHealth MAGI household is eligible for a new extended eligibility period.

(M) Use of Potential Health Insurance Benefits. Applicants and members must use potential health insurance benefits in accordance with 130 CMR 503.007: *Potential Sources of Health care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by MassHealth in accordance with 130 CMR 505.002(O) or 130 CMR 506.012: *Premium Assistance Payments*. Members must access other health insurance benefits and must show their private health insurance card and their MassHealth card to providers at the time services are provided.

I credit the Appellant's testimony regarding her challenges and am sympathetic to her situation. However, because the Appellant's income is 152.19% of the 2025 federal poverty level, it is too high for her to qualify for MassHealth Standard, because it is greater than 133% of the federal poverty level. 130 CMR 505.002(C)(1)(a). Based on the testimony at hearing, the Appellant is also no longer eligible for extended eligibility under 130 CMR 505.002(L), because her income has exceeded 133% for more than a year. 130 CMR 505.002(L). Accordingly, MassHealth did not err in sending the January 2, 2026 notice and the appeal is denied.

The Appellant may wish to complete an adult disability supplement to see if she may be eligible for MassHealth CommonHealth. If the Appellant has questions about Health Connector plans, she may find out more by calling 1-877-MA-ENROLL (1-877-623-6765).

Order for MassHealth

None, other than to proceed with termination of MassHealth Standard benefits as planned on February 28, 2026.

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.

Emily Sabo
Hearing Officer
Board of Hearings

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