

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in part; Remanded	<b>Appeal Number:</b>	2601468
<b>Decision Date:</b>	2/18/2026	<b>Hearing Date:</b>	02/09/2026
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Kay Omokoya, 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

<b>Appeal Decision:</b>	Approved in part; Remanded	<b>Issue:</b>	Community Eligibility; Under 65; Household Size
<b>Decision Date:</b>	2/18/2026	<b>Hearing Date:</b>	02/09/2026
<b>MassHealth's Rep.:</b>	Kay Omokoya	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown	<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 January 21, 2026, MassHealth denied the appellant's renewal application for MassHealth benefits because MassHealth determined that the appellant is over the income limit to qualify. See 130 CMR 506.007 and Exhibit 1. The appellant filed this appeal in a timely manner on January 21, 2026. 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 renewal application for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth correctly calculated the appellant's household size and income in deeming him ineligible for MassHealth benefits.

## Summary of Evidence

The appellant is an adult under the age of [REDACTED] who, prior to the notice at issue, was eligible for a subsidized health plan through the Health Connector. 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 MassHealth representative reported that on January 21, 2026, the appellant completed a phone renewal application for benefits. MassHealth verified that the appellant receives approximately \$505.00 in weekly unemployment benefits, which equals approximately \$2,188.72 in gross monthly income. MassHealth had on file that the appellant resides in a household of one, and therefore her income was approximately 161.12% of the federal poverty level for a household of that size. For those reasons, on January 21, 2026, MassHealth issued a notice denying her application for MassHealth benefits beyond the Health Safety Net.

The appellant did not dispute MassHealth calculation of her income and reported that she has approximately 10 weeks remaining of unemployment benefits. She reported that she is not pregnant or HIV positive, does not have breast or cervical cancer, and is not disabled. She stated that she shares a teenage minor child with her ex-spouse, and their divorce agreement allows the couple to alternate years where they claim the child as a tax dependent on their federal tax returns. The appellant testified that she intends to claim the child as a tax dependent this year. The MassHealth representative reported that the child cannot be considered a part of the appellant's household because she was not included on the appellant's application. The child is receiving benefits as a part of her father's household.

## Findings of Fact

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

1. The appellant is an adult under the age of [REDACTED] who, prior to the issuance of the notice on appeal, was active on a subsidized plan through the Health Connector. Testimony, Exhibit 4.
2. On January 21, 2026, the appellant submitted a renewal application for benefits. Based on this update, MassHealth deemed the appellant's income, based on a household size of one, was too high for her to qualify for benefits beyond the Health Safety Net. Testimony. MassHealth issued a notice to that effect on that same date. Exhibit 1
3. The appellant filed a timely request for fair hearing on January 21, 2026. Exhibit 2.
4. The appellant receives monthly gross unemployment benefits of \$2,188.72. Testimony.

5. The appellant has a minor child with her ex-spouse. Testimony. The appellant and her ex-spouse alternate years where they claim the child on their respective taxes. Testimony. The appellant intends to claim the child as a tax dependent this year. Testimony.
6. The appellant is not pregnant or HIV positive, does not have breast or cervical cancer, and is not disabled. 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 for individuals who are under age [REDACTED]. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) *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 members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) *CommonHealth* - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) *CarePlus* - for adults [REDACTED] 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) *Small Business Employee Premium Assistance* - for adults or young adults who
  - (a) work for small employers;
  - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
  - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
  - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) *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
- (7) *Senior Buy-In and Buy-In* - for certain Medicare beneficiaries.

130 CMR 505.001(A).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant is over the age of [REDACTED] and is the parent of a minor child. Thus, she meets the categorical requirements to qualify for MassHealth Standard. A parent or caretaker is financially eligible for MassHealth Standard if “the modified adjusted gross income of the MassHealth Modified Adjusted Gross Income (MAGI) household is less than or equal to 133% of the federal poverty level.” 130 CMR 505.002(C)(1)(a). The question then remains as to whether she meets the income requirements to qualify; to determine this, both her household size and household income must be calculated.

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:

(1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of

- (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
- (b) the taxpayer’s spouse, if living with him or her regardless of filing status;
- (c) all persons the taxpayer expects to claim as tax dependents; and
- (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

The regulations make clear that household size is calculated “at the individual member level.” 130 CMR 506.002(A). In this case, the appellant credibly testified that she intends to claim her teenage minor child as a tax dependent this year. As such, the child should be counted as part of the appellant’s household for this year. That the child is not included in the appellant’s household within the MassHealth system is of no consequence – the regulations require MassHealth to consider the child as part of the appellant’s household regardless of the parent she receives her own MassHealth benefits through. For those reasons, I find that the appellant resides in a household of two for purposes of her MassHealth eligibility.

Because MassHealth calculates “the total of all countable monthly income for each person in [an] individual’s MassHealth MAGI or Disabled Adult household...” to determine an applicant’s income and, thus, their financial eligibility for benefits, any income earned or received by the appellant’s child, who is of working age, is relevant to the appellant’s MassHealth eligibility. 130 CMR 506.007(A)(2). The record is absent any evidence of the appellant’s child’s income status, and therefore I cannot determine the appellant’s eligibility based on the information before me. Therefore, I find that MassHealth should re-evaluate the appellant’s income, based

on a household of two, in the normal course of business, issuing a new eligibility notice with the right to appeal.

For the foregoing reasons, the appeal is hereby approved in part and remanded to MassHealth for a new eligibility determination.

## **Order for MassHealth**

Redetermine the appellant's eligibility for MassHealth based on a household size of two. Issue a new eligibility notice with appeal rights. Make no changes to the appellant's child's benefits.

## **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.

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Mariah Burns  
Hearing Officer  
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center