

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2601583
<b>Decision Date:</b>	2/25/2026	<b>Hearing Date:</b>	02/09/2026
<b>Hearing Officer:</b>	Susan Burgess-Cox		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Aline Teixeira



*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>	Denied	<b>Issue:</b>	Eligibility – Under 65 – Coverage Type
<b>Decision Date:</b>	2/25/2026	<b>Hearing Date:</b>	02/09/2026
<b>MassHealth’s Rep.:</b>	Aline Teixeira	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	All Parties Appeared by Telephone	<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 notices dated January 20, 2026, MassHealth approved the appellant’s children for MassHealth Standard and determined that the appellant does not qualify for MassHealth because her income is too high. (130 CMR 505.000; 130 CMR 506.000; Exhibit 1A; Exhibit 1B; Exhibit 1C). On January 22, 2026, the appellant filed a timely appeal for all three decisions. (130 CMR 610.015(B) Exhibit 2). Denial of assistance and a decision regarding the scope or amount of assistance are both valid grounds for appeal. (130 CMR 610.032(A)(1)).

### Action Taken by MassHealth

MassHealth notified the appellant that her children are eligible for MassHealth Standard but she does not qualify for MassHealth because her income is too high. (130 CMR 505.002; 130 CMR 506.007(B); 130 CMR 502.003).

### Issue

Whether MassHealth was correct in determining that the appellant’s children are eligible for MassHealth Standard and the appellant is not eligible for MassHealth because her income is too

high. (130 CMR 506.007(B); 130 CMR 502.003).

## Summary of Evidence

The appellant is an adult under the age of [REDACTED] and has a household of three. The appellant is self-employed and earns \$3,180 each month, or \$38,160 each year.<sup>1</sup> After applying a regulatory 5% disregard of \$111.05, the appellant's modified adjusted gross income (MAGI) of \$3,068.95 is at 138.18% of the federal poverty level for a household of three. The MassHealth representative testified that to be eligible for MassHealth, a parent or caretaker relative must have income less than or equal to 133% of the federal poverty level. That amount is \$2,954 per month for a household of three. The MassHealth representative testified that the appellant's children are eligible for MassHealth Standard as the income guidelines for children allow children from age [REDACTED] to be eligible for MassHealth Standard if they have income at or below 150% of the federal poverty level.

The appellant testified that the income information was correct. The appellant was not challenging her own eligibility for MassHealth. The appellant did not want her children enrolled in MassHealth. Instead, the appellant wants to choose her own plan and receive a subsidy from the Health Insurance Connector Authority. The appellant was informed at hearing that the Board of Hearings cannot address decisions made by the Health Insurance Connector Authority.

## Findings of Fact

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

1. The appellant is under age [REDACTED] and has a household of three.
2. The appellant has two children under the age of [REDACTED]
3. The appellant has earned income in the amount of \$3,180 each month or \$38,160 each year.
4. The appellant has not been deemed disabled by MassHealth or the Social Security Administration.

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<sup>1</sup> In determining monthly income, MassHealth multiplies average weekly income by 4.333. (130 CMR 506.007(A)).

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 explain the categorical requirements and financial standards that must be met to qualify for MassHealth. To establish eligibility for MassHealth, applicants must meet both the categorical requirements and financial standards.

These coverage types set forth at 130 CMR 505.001(A) are as follows:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults<sup>2</sup>, 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) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus - for adults [REDACTED] years of age 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, CommonHealth, or CarePlus;
- (5) MassHealth 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.

In this case, the appellant is a parent and has two children who are under the age of [REDACTED]. The appellant is not a Medicare beneficiary. The appellant has not presented any evidence that she has any of the listed health conditions or been deemed disabled by MassHealth or the Social Security Administration.

The appellant's children are eligible for MassHealth Standard because a child one through 18 years old is eligible if the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the FPL; and the child 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. (130 CMR 505.002(B)(2)(a)). The appellant's income falls under these guidelines and the children are citizens. The decision regarding the eligibility for the appellant's children is correct. This part of the appeal is denied.

As noted above, a decision regarding eligibility of the appellant's children for a plan under the

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<sup>2</sup> "[Y]oung adults" are defined as those aged [REDACTED]. See 130 CMR 501.001.

Health Insurance Connector Authority is beyond the scope of an appeal involving eligibility for MassHealth. Pursuant to 130 CMR 610.002, the Board of Hearings has exclusive jurisdiction to hear appeals relating to the programs administered by the MassHealth agency. The Commonwealth Health Insurance Connector Authority is a separate agency established under M.G.L. c. 176Q. (130 CMR 610.004). Therefore, the issues raised by the appellant regarding her children's eligibility for a Connector plan are beyond the scope of this appeal.

The appellant is not eligible for MassHealth Standard or CarePlus as, although she is a parent with two children under the age of ■ the modified adjusted gross income of the MassHealth MAGI household is not less than or equal to 133% of the FPL. (130 CMR 505.002(C)(1)(a); 130 CMR 505.008(A)(2)(c)). To determine financial eligibility pursuant to 130 CMR 506.007(A), MassHealth must construct a household as described in 130 CMR 506.002(B) for each individual who is applying for or renewing coverage. MAGI household composition rules used to determine member eligibility are the following:

- (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 individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

The appellant is in a household of three.

Once the individual's household size is established, the MassHealth MAGI household income is determined by:

- (2)....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(K).

- (b) Countable income includes earned income described in 130 CMR 506.003(A)<sup>3</sup> and unearned income described in 130 CMR 506.003(B)<sup>4</sup> 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. (130 CMR 506.007(A)).

The regulations at 130 CMR 506.003(D) allow MassHealth to use the following deductions when counting MAGI countable income:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

The appellant did not present evidence of meeting any of these deductions.

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<sup>3</sup> Pursuant to 130 CMR 506.003(A)(1), earned income is 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. The regulations also include methods for the agency to use to calculate earned income for the self-employed, S-Corporations, Partnerships and seasonal employment. Based on the testimony presented at hearing, the appellant's income is considered taxable compensation for work or services less pretax deductions.

<sup>4</sup> Pursuant to 130 CMR 506.003(B), countable income includes, in relevant part, unearned income, which "may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income." Based on the testimony and evidence presented at hearing, the appellant's income did not meet any of those categories.

The appellant's income is \$3,180 each month. Five percentage points of the 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. (130 CMR 506.007(A)). At the time of the eligibility decision, 5 percentage points of the FPL for a household of three was \$111.05 each month. Deducting that amount from the appellant's income resulted in a MAGI of \$3,068.95. The income limit for MassHealth benefits is 133% of the FPL which is \$2,221 each month or \$26,652 each year. The appellant's income exceeds these limits. Therefore, the decision made by MassHealth regarding the appellant's eligibility is also correct. This part of the appeal is also denied.

## **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.

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Susan Burgess-Cox  
Hearing Officer  
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290