

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2509682
<b>Decision Date:</b>	8/7/2025	<b>Hearing Date:</b>	08/01/2025
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Jeffrey Pamphile, 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>	Denied	<b>Issue:</b>	Community Eligibility; Under 65; Income
<b>Decision Date:</b>	8/7/2025	<b>Hearing Date:</b>	08/01/2025
<b>MassHealth's Rep.:</b>	Jeffrey Pamphile	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephone (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 June 23, 2025, MassHealth denied the appellant's application for MassHealth benefits because the appellant's income is too high to qualify. *See* 130 CMR 505.002 and Exhibit 1. The appellant filed this appeal in a timely manner on June 27, 2025. *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 application for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth correctly calculated the appellant's income in determining that he is not eligible for MassHealth benefits beyond the Health Safety Net.

### Summary of Evidence

The appellant is an adult under the age of [REDACTED] who resides in a household of five with his spouse

and their three minor children. 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 evidence and testimony provided:

Prior to the issuance of the appealed notice, the appellant was eligible for a subsidized plan through the Health Connector.<sup>1</sup> On May 17, 2025, MassHealth received a job update form from the appellant. On June 23, 2025, MassHealth determined that the appellant is over the income limit to qualify for benefits and issued a notice to that effect. MassHealth verified that the appellant earns approximately \$1,100.00 in weekly income, his spouse receives \$1,388.00 in monthly Social Security benefits, while their children each receive \$210.00 in monthly Social Security benefits. The family's total gross yearly income is approximately \$81,411.60, which is 216.23% of the federal poverty level.

The appellant agreed with MassHealth's calculation of his income. He confirmed that he does not have cancer, is not pregnant or HIV positive, and does not have a verified disability. He stated that his last raise at his job occurred in April of 2024. He also reported that he cannot afford the insurance offered to him through his employer and is concerned about losing his house. According to the appellant's Member Information Screen, he received MassHealth Standard through extended eligibility (colloquially known as Transitional Medical Assistance, or TMA), from October 3, 2024, to May 31, 2024. See Exhibit 4.

## 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 resides in a household of five with his spouse and their three children who are between the ages of [REDACTED] Testimony, Exhibit 4.
2. The appellant previously received MassHealth Standard benefits by way of extended eligibility from October 3, 2024, to March 31, 2025. Exhibit 4. He was subsequently eligible for a subsidized plan through the Health Connector. Testimony, Exhibit 4.
3. On or about May 17, 2025, the appellant submitted a job update form with MassHealth. Testimony. MassHealth verified the reported income and determined that the appellant remains over the income limit to qualify for MassHealth Standard. Exhibit 1, Testimony. MassHealth issued

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<sup>1</sup> The appellant's children are currently receiving MassHealth Standard through extended eligibility pursuant to 130 CMR 505.002(L). That benefit ends on October 31, 2025. The appellant's spouse is active on MassHealth CommonHealth. The appellant was advised that, because he has access to employer-sponsored health insurance, he must enroll in that benefit for his spouse and children to remain on MassHealth. See 130 CMR 503.007(A). The appellant was also given information regarding the Premium Assistance Program under 130 CMR 506.012.

a notice reflecting the denial of benefits on June 23, 2025. *Id.*

4. The appellant filed a timely notice of appeal on June 27, 2025. Exhibit 2.

5. The appellant earns gross weekly wages of \$1100.00. Testimony. His spouse receives monthly Social Security benefits totaling \$1388.00, while their children each receive \$210.00 in Social Security. *Id.* Their total household gross yearly income is approximately \$81,411.60. *Id.* The appellant last received a raise in his wages in April 2024. *Id.*

6. The appellant does not have HIV or cancer, is not pregnant, and has not been deemed disabled by the Social Security Administration nor by MassHealth. 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. The rules of financial responsibility and calculation of financial eligibility for individuals who are under age [REDACTED] are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) *MassHealth 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 (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 [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) *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.

130 CMR 505.001(A) (emphasis added).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and

financial requirements. In this case, as the caretaker of minor children, the appellant categorically qualifies for MassHealth Standard. The question then remains as to whether he meets the income requirements to qualify.

A parent or caretaker is financially eligible for MassHealth Standard if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” 130 CMR 505.002(C)(1)(a). 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 Their 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 their spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
  - (b) the taxpayer’s spouse, if living with them 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.

Here, the appellant does not dispute that he resides in a household of five. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level equates to a monthly income of \$4173.00, or a yearly income of \$50,076.00 for a household of five. See chart at <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

MassHealth determines an applicant’s modified adjusted gross income (MAGI) by taking the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B), less deductions described in 130 CMR 506.003(D). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

- (A)(2) ....Once the individual’s household is established, financial eligibility is determined by 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(M).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) 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.

....

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the Federal Register using the following formula. The MassHealth agency adjusts these standards annually.

(1) Multiply the annual 100% figure posted in the Federal Register by the applicable federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

Per 130 CMR 506.003(A), countable income includes, in relevant part, “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.” Meanwhile, unearned income is “the total amount of taxable income that does not directly result from the individual’s own labor after allowable deductions on the U.S. Individual Tax Return...[and] may include, but is not limited to, social security benefits, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.” 130 CMR 506.003(B).

In this case, the appellant agrees his household earns \$81,411.60 in gross yearly income. That amount exceeds 133% of the federal poverty level based on the income standards for 2025, even less the 5% federal poverty level deduction. As the appellant does not have a health condition that would change this applicable income standard, the appellant is not financially eligible for MassHealth Standard. I find that MassHealth did not err in issuing the June 23, 2025, notices denying the appellant application for MassHealth benefits.<sup>2</sup>

For the foregoing reasons, the appeal is denied.

The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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<sup>2</sup> The appellant does not qualify for extended eligibility, because there is no evidence that his income has been over 133% of the federal poverty level for under 12 months. See 130 CMR 505.002(L)(3).

## **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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Mariah Burns  
Hearing Officer  
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center