

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2510125
<b>Decision Date:</b>	10/15/2025	<b>Hearing Date:</b>	8/28/2025
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Corey Rosinski, Charlestown 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community eligibility, under 65, income
<b>Decision Date:</b>	10/15/2025	<b>Hearing Date:</b>	8/28/2025
<b>MassHealth's Rep.:</b>	Corey Rosinski	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown (remote)	<b>Aid Pending:</b>	Yes

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

By notice dated June 11, 2025, MassHealth notified Appellant that the CarePlus benefit would end effective July 31, 2025. Exhibit 1. Appellant filed this appeal in a timely manner on July 9, 2025 and was eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination of assistance is a valid basis for appeal. 130 CMR 610.032. The hearing was originally scheduled for August 7, 2025 and rescheduled at Appellant's request to August 28, 2025. Exhibit 3.

### Action Taken by MassHealth

MassHealth notified Appellant that the CarePlus benefit would end effective July 31, 2025.

### Issue

The appeal issue is whether MassHealth was correct in determining that Appellant's income is too high to qualify for benefits.

### Summary of Evidence

The MassHealth representative appeared by phone and testified as follows. Appellant is under the age of [REDACTED] and is in a household of one. Appellant had been receiving MassHealth CarePlus. On June 11, 2025, MassHealth notified Appellant that the CarePlus benefit would end effective July 31, 2025. Exhibit 1. The notice states that Appellant's income is too high and lists Appellant's income as 202.04% of the federal poverty level (FPL). *Id.* Appellant was approved for Health Safety Net effective May 24, 2025. *Id.* On June 30, 2025, MassHealth notified Appellant that she is not eligible for benefits but is eligible for Health Safety Net. This notice lists Appellant's income at 223.22% of the FPL. *Id.*

Appellant appeared by phone and testified as follows. Appellant's employer is short staffed and Appellant has had to do mandatory overtime. Appellant testified that on recent paychecks, her take home pay was only \$750 biweekly. The MassHealth representative asked for information on a more typical paycheck, and testified that MassHealth would use the box listing "federal withholding taxable wages" to determine countable income less pretax deductions such as a 401K contribution. Appellant testified that on her most recent paystub, her federal withholding taxable wages was \$925.68. Appellant testified that her annual income is approximately \$30,000.

The MassHealth representative adjusted Appellant's income in the system and determined that it was 149.19% of the FPL. Appellant will need to provide the recent paystub as verification of income. In order for Appellant to be eligible for MassHealth CarePlus, her prior benefit type, her income would have to be 133% or less of the FPL. Appellant will be eligible to enroll in a subsidized Health Connector plan.

## Findings of Fact

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

1. Appellant is in a household of one and under the age of [REDACTED]
2. Appellant's gross income is \$925.68 biweekly.
3. In 2025, 100% of the monthly FPL for a household of one is \$1,304; 133% of the FPL is \$1,735.00.
4. On June 11, 2025, MassHealth notified Appellant that the CarePlus coverage would end on July 31, 2025. Exhibit 1.
5. Appellant filed this timely appeal on July 9, 2025 and was eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2.

## 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 MassHealth coverage type. 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) 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 [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, 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 – for certain Medicare beneficiaries.

130 CMR 505.001(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. MassHealth determines financial eligibility based on an applicant's modified adjusted gross income. MassHealth takes 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) and subtracts deductions described in 130 CMR 506.003(D). 130 CMR 506.007. Per 130 CMR 506.003, the regulatory definitions of earned income, unearned income and deductions are as follows:

(A) Earned Income.

- (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.
- (2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may

be a profit or a loss.

(3) Earned income from S-Corporations or Partnerships is the total amount of taxable annual profit (or loss) after deducting business expenses listed or allowable on a U.S. Individual Tax Return.

(4) Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination.

(B) Unearned Income.

(1) 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.

(2) Unearned income 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.

(C) Rental Income. Rental income is the total amount of taxable income less any deductions listed or allowable on an applicant's or member's U.S. Individual Tax Return.

(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (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.

An adult under the age of [REDACTED] is eligible for MassHealth's CarePlus benefit if his or her income is at or below 133% of the FPL. 130 CMR 505.008(A)(2)(c). MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c).

Here, Appellant's gross biweekly income is \$925.68. Multiplying the weekly amount (\$462.84) by 4.333 yields \$2,005.49 monthly income. This is higher than the 133% limit to qualify for MassHealth CarePlus. Accordingly, Appellant's income is too high for Appellant to be eligible for a MassHealth benefit. Appellant is eligible for a Health Connector plan. 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.

This appeal is denied.

## **Order for MassHealth**

Remove aid pending.

## **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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Cynthia Kopka  
Hearing Officer  
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

