

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2518261
Decision Date:	2/2/2026	Hearing Date:	12/30/2025
Hearing Officer:	Cynthia Kopka	Record Open to:	1/20/2026

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jeffrey Pamphile, 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

Appeal Decision:	Denied	Issue:	Community eligibility, under 65, income
Decision Date:	2/2/2026	Hearing Date:	12/30/2025
MassHealth's Rep.:	Jeffrey Pamphile	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown (remote)	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

By notice dated December 4, 2025, MassHealth notified Appellant that the CarePlus benefit would end effective January 31, 2026. Exhibit 1. Appellant filed this appeal in a timely manner on December 10, 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 record was held open for the submission of additional evidence. Exhibit 4.

Action Taken by MassHealth

MassHealth notified Appellant that the CarePlus benefit would end effective January 31, 2026.

Issue

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

Summary of Evidence

The MassHealth representative and Appellant appeared by phone. After the hearing, the record was held open through January 20, 2026 for the submission of additional evidence. Exhibit 4. A summary of testimony and documents follows.

Appellant is under the age of [REDACTED] and is in a household of one. Appellant had been receiving MassHealth CarePlus. On December 4, 2025, MassHealth notified Appellant that the CarePlus benefit would end effective January 31, 2026. Exhibit 1. The notice states that Appellant's income is too high and lists Appellant's income as 178.23% of the federal poverty level (FPL). *Id.* Appellant was approved for Health Safety Net effective November 1, 2025. *Id.* On December 10, 2025, MassHealth notified Appellant that he is not eligible for benefits but is eligible for Health Safety Net. This notice lists Appellant's income at 135.12% of the FPL. *Id.*

The MassHealth representative testified that Appellant verified income on November 28, 2025 by submitting paystubs and a letter from his employer. The letter demonstrated that Appellant receives wages from two different employers depending on the work done per shift. The MassHealth representative totaled the weekly income from both employers and took an average of the paystubs that were submitted. Appellant's average biweekly income for his primary employer was \$942.61 and for his secondary employer was \$126.87, making the biweekly total \$1,069.48. MassHealth multiplied this by 26 to come to an annual income of \$27,806.61, which MassHealth calculated to be 177% of the FPL.

Appellant explained that he works for a call center and has a primary employer, but gets a paycheck from a secondary employer depending on the calls being made at each shift. Appellant testified that there are times when he does not receive a biweekly paycheck from the secondary employer. The MassHealth representative testified that Appellant may submit an affidavit verifying zero income from the secondary employer for the weeks he did not receive a check.

The hearing record was held open through January 13, 2026 for Appellant to submit additional paystubs and an affidavit of zero income for weeks when he did not receive a check from the secondary employer. Exhibit 4. On January 7, 2026, Appellant submitted paystubs and the attestation. Exhibit 5. The attestation did not specify any weeks in the previous 60 days that Appellant did not receive a paycheck from the secondary employer. *Id.* The gross amount from each paycheck is listed in the following chart:

Pay period	Employer	Amount	Total for pay period
10/18/2025 10/31/2025	Secondary	39.80	
	Primary	810.87	850.67
11/1/2025 11/14/2025	Secondary	110.31	
	Primary	1,074.36	1,184.67
11/15/2025 11/28/2025	Secondary	80.30	
	Primary	1,057.27	1,137.57

11/29/2025	12/12/2025	Secondary	31.95	
		Primary	751.88	783.83
12/13/2025	12/26/2025	Secondary	33.82	
		Primary	509.34	543.16
		Average		899.98

On January 8, 2026, the MassHealth representative responded that he calculated an updated average for Appellant’s biweekly income to be \$899.97 from both employers. Multiplied by 26, MassHealth calculated that Appellant’s annual gross income was \$23,399.22, or 149.51% of the FPL. Exhibit 6. The MassHealth representative pointed out that this estimation was consistent with the year-to-date totals on the latest paystubs provided. *Id.*

Appellant argued that his earnings in 2025 were less than in 2024, when he was deemed eligible for MassHealth. Appellant asked if he could provide more paystubs showing lower amounts. The MassHealth representative testified that he could only verify income with paystubs from the past 60 days. Exhibit 7. Appellant reported having difficulty signing up for a Health Connector plan with the appeal active. Exhibit 8.

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. On December 4, 2025, MassHealth notified Appellant that the CarePlus benefit would end effective January 31, 2026. Exhibit 1.
3. Appellant filed this appeal in a timely manner on December 10, 2025 and was eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2.
4. Based on submitted paystubs, Appellant’s average biweekly income from both employers is \$899.97. Exhibits 6, 7.
5. In 2025, 100% of the FPL for a household of one was \$1,304 monthly and \$15,660 annually; 133% of the FPL is \$1,735.00 monthly and \$20,820.

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 ■ is eligible for MassHealth's CarePlus benefit if their income 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 \$899.97, on average. Multiplying the weekly amount (\$449.99) by 4.333 yields \$1,949.81 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.

Cynthia Kopka
Hearing Officer
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129