

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2519077
<b>Decision Date:</b>	2/4/2026	<b>Hearing Date:</b>	1/13/2026
<b>Hearing Officer:</b>	Cynthia Kopka	<b>Record Open to:</b>	1/28/2026

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Tenzin Sungrab, 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>	2/4/2026	<b>Hearing Date:</b>	1/13/2026
<b>MassHealth's Rep.:</b>	Tenzin Sungrab	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown (remote)	<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

By notice dated November 24, 2025, MassHealth determined that Appellant did not qualify for MassHealth benefits, approving Appellant for Health Safety Net. Exhibit 1. Appellant filed this appeal in a timely manner on December 22, 2025. Exhibit 2. 130 CMR 610.015(B). Denial of assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open through January 28, 2026 for the submission of additional evidence. Exhibit 4.

### Action Taken by MassHealth

MassHealth determined that Appellant did not qualify for MassHealth benefits, approving Appellant for Health Safety Net.

### 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 in a household of two with a college-age child. On November 24, 2025, MassHealth notified Appellant that her income was too high for MassHealth and approved temporary Health Safety Net. Exhibit 1. MassHealth determined that Appellant's income is 139.91% of the 2025 federal poverty level (FPL). In order for Appellant to be eligible for MassHealth, the household income would have to be 133% or less of the 2025 FPL. Appellant was eligible to enroll in a Health Connector plan.

At the time of hearing, the income MassHealth had on file was weekly income for Appellant through her employment, earning \$589.44 weekly. Appellant's child was reported at zero income. MassHealth calculated the monthly income to be \$2,554. In 2025, 133% of the FPL for a household of two was \$2,345. The MassHealth representative noted that Appellant had submitted an adult disability supplement. Disability Evaluation Services (DES) notified MassHealth on December 19, 2025 that Appellant was not deemed disabled. Appellant was educated on submitting a fair hearing request on the DES denial.

Appellant appeared by phone and testified as follows. Appellant suffers from Crohn's disease and a history of back surgery, for which she requires MassHealth Standard coverage. Appellant has to see multiple specialists including gastroenterology, physical therapy, and a chiropractor. Appellant cannot afford coverage through the Health Connector given how many specialists and medications she requires. Appellant's child had been employed while at college but is no longer working. Appellant was unclear whether her child's income should count. Appellant was concerned that her income was verified with paystubs showing overtime and bonuses, which she does not ordinarily get. The hearing record was held open through January 28, 2026 for Appellant to provide additional paystubs and for MassHealth to review and respond. Exhibit 4. On February 3, 2026, The MassHealth representative reported that he had not received any updated paystubs. *Id.*

## Findings of Fact

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

1. Appellant is in a household of two and under the age of [REDACTED]
2. Appellant's gross weekly income is \$589.44.
3. In 2025, 100% of the FPL for a household of one was \$1,763 monthly; 133% of the FPL was \$2,345 monthly.
4. On November 24, 2025, MassHealth notified Appellant that her income was too high for MassHealth and approved temporary Health Safety Net. Exhibit 1.

5. Appellant filed this appeal in a timely manner on December 22, 2025. 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 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). MassHealth subtracts five percentage points from the FPL when determining eligibility. 130 CMR 506.007(A)(3).

A disabled adult is eligible for MassHealth Standard with income less than or equal to 133% of the FPL. 130 CMR 505.002(E)(1)(b). Disabled adults with income higher than 133% are eligible for MassHealth CommonHealth but may be assessed a premium. 130 CMR 505.004(C) and (I).

Here, Appellant's weekly income is \$589.44. Multiplied by 4.333, Appellant's monthly income is \$2,554.04, which is 144.87% of the FPL. After subtracting five percentage points, Appellant's monthly income is 139.87%, which exceeds the 133% limit. 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. Appellant has the right to appeal the disability denial within 60 days of the DES denial notice that issued on December 19, 2025.

## **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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Cynthia Kopka  
Hearing Officer  
Board of Hearings

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