

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2304891
<b>Decision Date:</b>	8/15/2023	<b>Hearing Date:</b>	07/20/2023
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**

Pro se

**Appearance for MassHealth:**

Jamie Zalukie



*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>	Income Eligibility
<b>Decision Date:</b>	8/15/2023	<b>Hearing Date:</b>	07/20/2023
<b>MassHealth's Rep.:</b>	Jamie Zalucki	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield		

### 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 May 15, 2023, MassHealth informed Appellant that she does not qualify for MassHealth benefits upon determining that her gross countable household income exceeds eligibility limits. MassHealth also determined that Appellant is eligible for a ConnectorCare Plan (Exhibit A). Appellant filed for an appeal with the Board of Hearings in a timely manner on June 15, 2023 (See 130 CMR 610.015(B) and Exhibit A). Eligibility determinations constitute adequate grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that Appellant does not qualify for MassHealth benefits upon determining that her gross countable household income exceeds eligibility limits, but MassHealth also determined that Appellant is eligible for a ConnectorCare Plan.

### Issue

The appeal issue is whether MassHealth properly applied the controlling regulations to accurate facts when it determined that Appellant does not qualify for MassHealth benefits upon determining that her gross countable household income exceeds eligibility limits and that Appellant is eligible for a ConnectorCare Plan.

## Summary of Evidence

Both parties appeared by telephone.

The MassHealth representative testified that Appellant is a non-disabled adult under the age of 65 who resides in the community in a household of one. Appellant last verified her income from unemployment at \$421.00 per week. The MassHealth representative testified that in order to be eligible for MassHealth, Appellant's income would need to be below 133% of the federal poverty level (FPL) for a household of one, which is \$1,616.00 per month. Multiplying \$421.00 per week by 4.333 places Appellant; countable monthly income at \$1,824.19 which exceeds the eligibility limit.

The MassHealth representative further testified that Appellant is eligible for a ConnectorPlan and saw in MassHealth's systems that Appellant has already chosen and enrolled in a ConnectorPlan.

Appellant testified that she only nets \$321 per week. She stated it is unfair to count her gross income when she does not receive the gross amount. Appellant further testified that she has diagnoses that require prescription medications that her ConnectorPlan does not cover. Appellant testified that her medications cost about \$200 per month which she can't afford.

## Findings of Fact

By a preponderance of the evidence, this record supports the following findings:

1. Appellant is under the age of 65.
2. Appellant is a non-disabled adult residing in the community in a household of one.
3. Appellant has verified unemployment income of \$421.00 per week.

## Analysis and Conclusions of Law

"The burden of proof is on the appealing party to show that the order appealed from is invalid, and we have observed that this burden is heavy" (*Massachusetts Inst. of Tech. v. Department of Pub. Utils.*, 425 Mass. 856, 867, 684 N.E.2d 585 (1997)).

Regulation 130 CMR 506.002 states in pertinent part:

*(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types.*

Financial eligibility determinations for non-disabled persons are based on the combined MassHealth modified adjusted gross income(s) (MAGI) of all household members (130 506.002(A)(1)). In determining monthly income for MassHealth eligibility purposes, MassHealth is to multiply the weekly income by 4.333 (130 CMR 506.007(A)(2)(c)).

Appellant stated her personal belief that when determining her eligibility, MassHealth should use net income instead of the gross income. This opinion is not supported by the controlling regulations which clearly direct MassHealth to use the gross income amount.

Appellant did not dispute any of MassHealth's figures or that she is under the age of 65, has not formally been determined to be disabled and resides in a household of one in the community. MassHealth properly multiplied Appellant's gross weekly unemployment of \$421.00 by 4.333 to obtain a monthly countable amount of \$1,824.19 which exceeds the applicable MassHealth eligibility limit of 133% of the monthly FPL for a household of one (currently, \$1,616.00). On this record, Appellant has failed to establish that MassHealth's action is invalid due to an error of fact and/or law. For the foregoing reasons, the appeal is 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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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186