

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2417491
<b>Decision Date:</b>	03/04/2025	<b>Hearing Date:</b>	12/19/2024
<b>Hearing Officer:</b>	Kenneth Brodzinski	<b>Record Open to:</b>	01/10/2024

**Appearance for Appellant:**



**Appearance for MassHealth:**

Ryan Bond



*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>	Financial eligibility; Under 65; Community
<b>Decision Date:</b>	03/04/2025	<b>Hearing Date:</b>	12/19/2024
<b>MassHealth's Rep.:</b>	Ryan Bond	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Tewksbury MEC	<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 October 15, 2024, MassHealth informed Appellant that she does not qualify for MassHealth benefits upon determining that her gross countable household income exceeds the applicable eligibility limit. MassHealth also determined that Appellant is eligible to enroll in a ConnectorCare Plan (Exhibit A). Appellant filed an appeal with the Board of Hearings in a timely manner on November 12, 2024 (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 the applicable eligibility limit, but MassHealth also determined that Appellant is eligible to enroll in 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 the applicable eligibility limit, and that Appellant is eligible to enroll in a ConnectorCare Plan.

## Summary of Evidence

Both parties appeared by telephone.

Appellant is a non-disabled adult under the age of 65 who resides in the community. The MassHealth representative testified that Appellant has a household size of two and who verified her earned income with paystubs from three sources of employment. The MassHealth representative reviewed the monthly gross amounts verified by the paystubs Appellant submitted, noting that they total \$2,805.91 per month, which constitutes 159.73% of the Federal Poverty Level (FPL) for a household of two. The MassHealth representative testified that eligibility limit for MassHealth benefits for a non-disabled person under the age of 65 residing in the community is 133% FPL, which for a household of two at the time the decision was made in 2024, was \$2,666.00.

The MassHealth representative testified that he also reviewed more recent paystubs that Appellant filed prior to hearing which showed an increase in Appellant's gross countable household income (Exhibit B1). Despite the increase, Appellant remained eligible to enroll with a ConnectorCare Plan.

Appellant testified that the amount of one of her three sources of earned income is steady, but the other two vary widely. Appellant also stated that she only wants MassHealth as a secondary insurance and would like eligibility backdated consistent with the subject determination.

The parties discussed how Appellant could verify her variable income with MassHealth. Appellant ultimately requested that the record be left open so that she could obtain and file copies of her 2023 Federal Tax Return and her end-of-the-year paystubs. MassHealth was given time to review Appellant's post-hearing submission. Appellant submitted a copy of her 2023 Federal Tax Return as well as end-of-the-year paystubs (Exhibit B2). MassHealth filed a written response (Exhibit C). According to MassHealth's response, Appellant's updated paystubs evidenced gross countable monthly income of 134.62% FPL for a household of two. Additionally, MassHealth found that Appellant did not file a complete copy of her Federal return, noting that the return showed unreported rental income; therefore, copies of all schedules were also needed if Appellant wished for MassHealth to calculate her countable

income using her tax return (Id).

## **Findings of Fact**

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

1. Appellant is under the age of 65.
2. Appellant is a non-disabled adult residing in the community in a household of two.
3. At the time the subject determination was made, Appellant verified her gross countable household income through paystubs to be 159.73% FPL for a household of two.
4. During the record-open period after the hearing, Appellant verified her gross countable household income through paystubs to be 134.62% FPL for a household of two.
5. During the record-open period after the hearing, Appellant filed an incomplete copy of her Federal return which did not include necessary copies of all schedules.
6. The partial return that Appellant filed during the record-open period showed rental income that was previously not reported to Masshealth.

## **Analysis and Conclusions of Law**

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, Appellant has failed to meet her burden.

Eligibility for MassHealth Standard for a non-disabled adult parent residing in the community is 133% FPL for the household size (130 CMR 505.002)(C)(1)(a). At the time the subject decision was made, the paystubs submitted by Appellant evidenced an FPL of 159.73%.

At hearing, Appellant was given the opportunity to reverify her income by filing a copy of her 2023 Federal Tax Return. As part of her post-hearing submission, Appellant filed an incomplete copy of her tax return insofar as it was missing copies of all schedules that would have addressed rental income which was previously not reported to MassHealth. While Appellant's post-hearing submission of copies of her end-of-year paystubs did lower the gross countable income to 134.62% FPL, this is still over the applicable income limit of 133% FPL, and it does not take into consideration any rental income that still must be verified.

Lastly, to correct Appellant's misunderstanding of the nature of the MassHealth benefit in question, there is only one Masshealth Standard program. The eligibility factors for Standard

are the same whether it serves as the member's primary or secondary insurance.

On this record, Appellant has failed to establish that MassHealth's actions are 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

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290