

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2417690
<b>Decision Date:</b>	02/11/2025	<b>Hearing Date:</b>	01/10/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**

Pro se

**Appearance for MassHealth:**

Dori Mathieu



*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; Under 65; Community
<b>Decision Date:</b>	02/11/2025	<b>Hearing Date:</b>	01/10/2025
<b>MassHealth's Rep.:</b>	Dori Mathieu	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MEC	<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

Through a notice dated November 4, 2024, MassHealth informed Appellant that her MassHealth CarePlus benefits would terminate due to failing to file requested documentation (Exhibit A). Appellant filed for an appeal with the Board of Hearings in a timely manner on November 18, 2024 and was granted AID PENDING status forestalling the termination of benefits pending the outcome of this appeal (See 130 CMR 610.015(B) and Exhibit A). Eligibility determinations constitute adequate grounds for appeal (130 CMR 610.032). Prior to hearing, Appellant filed the missing documentation and Masshealth determined that Appellant's gross countable household income exceeds the eligibility limit for Appellant's household size.

### 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.

## Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it determined that Appellant does not qualify for MassHealth benefits upon determining that her gross countable household income exceeds eligibility.

## Summary of Evidence

Both parties appeared by telephone.

The MassHealth representative testified that the agency sent a letter to Appellant dated September 24, 2024 requesting that she complete and file an enclosed job update form. The completed form was due on or before October 24, 2024. Appellant failed to file the completed form by the due date; therefore, MassHealth issued a termination letter dated November 4, 2024. Appellant appealed this notice and was awarded "Aid Pending" status forestalling the scheduled termination of her CarePlus benefits until resolution of this appeal.

Appellant filed the completed job update form on November 13, 2024 which was processed on November 22, 2024. Upon processing, MassHealth determined that Appellant's gross countable household income exceeds the eligibility limit for MassHealth benefits. The agency also sent Appellant a Disability Supplement for her to complete and file if she wished to assert a disability status.

According to Masshealth Appellant is an adult under the age of 65, who has not been formally determined to be disabled and resides in the community in a household of one. The MassHealth representative testified that Appellant receives gross biweekly earnings of \$1,793.00 which constitutes 305.27% of the federal poverty level (FPL) for a household of one. The MassHealth representative testified that the eligibility income limit for a household of one is 133% of FPL which equals gross income of \$1,670.00 per month.

Appellant testified that she first applied for MassHealth benefits in 2019. Appellant testified that her father and husband recently died, and she tried to commit suicide because her dog also died. Appellant testified that she needs her MassHealth benefits to continue because she needs her mental health medications in treatment. Appellant asserted that she is just getting by on her income and stated that she cannot believe that she is making too much money to qualify for MassHealth benefits. Appellant grew angry during her testimony, became verbally aggressive and started to swear at which point the hearing officer ended the hearing.

## Findings of Fact

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

1. MassHealth sent a letter to Appellant dated September 24, 2024 requesting that she complete and file an enclosed job update form.
2. The completed form was due on or before October 24 2024.
3. Appellant failed to file the completed form by the due date; therefore, MassHealth issued a termination letter dated November 4, 2024 (Exhibit A).
4. Appellant appealed this notice and was awarded "Aid Pending" status forestalling the scheduled termination of her CarePlus benefits until resolution of this appeal.
5. Appellant filed the completed job update form on November 13, 2024 which was processed on November 22, 2024.
6. MassHealth determined that Appellant's gross countable household income exceeds the eligibility limit for MassHealth benefits.
7. MassHealth sent Appellant a Disability Supplement for her to complete and file if she wished to assert a disability status.
8. Appellant is an adult under the age of 65, who has not been formally determined to be disabled and resides in the community in a household of one.
9. Appellant receives gross biweekly earnings of \$1,793.00 which constitutes 305.27% of the federal poverty level (FPL) for a household of one.

## 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)).

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)). Persons eligible for Masshealth CarePlus do not meet the categorical eligibility requirements for MassHealth Standard (130 CMR 505.508(A)(2)(d)).

Appellant did not dispute any of MassHealth's figures or that she is under the age of 65, has not been formally determined to be disabled, and resides in a household of one in the community. Appellant did not dispute that her gross bi-weekly income is \$1,793.00 which constitutes 305.27% FPL. Appellant's income exceeds the applicable MassHealth CarePlus eligibility limit of 133% FPL for a household of one - currently, \$1,670.00 (130 CMR 505.508(A)(2)(c)).

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**

Remove AID PENDING and proceed with termination of MassHealth benefits.

## **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