

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2501027
<b>Decision Date:</b>	4/14/2025	<b>Hearing Date:</b>	02/12/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**

Pro se

**Appearance for MassHealth:**

Gloryanne DeJesus



*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>	Eligibility – Under 65 Community
<b>Decision Date:</b>	4/14/2025	<b>Hearing Date:</b>	02/12/2025
<b>MassHealth's Rep.:</b>	Gloryanne DeJesus	<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 December 20, 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 January 16, 2025 (See 130 CMR 610.015(B) and Exhibit A). Appellant was granted AID PENDING status forestalling the MassHealth action pending the outcome of this appeal. 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 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 the applicable eligibility limit, and that Appellant is eligible to enroll in 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 ■ who resides in the community in a household of four with verified gross monthly household income of \$4,662.00. This income constitutes 211.12% of the Federal Poverty Level (FPL) for a household of four. The MassHealth representative testified that eligibility limit for MassHealth benefits for a non-disabled person under the age of ■ residing in the community is 133% FPL.

Appellant appeared on her own behalf and testified that she had no dispute with the income figure and household size indicated by the MassHealth representative. Appellant discussed her health conditions and needs, including several upcoming medical procedures. Appellant also discussed the difficulty she would face trying to pay the monthly premiums for the Connector plans offered to her.

## Findings of Fact

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

1. Appellant is under the age of ■
2. Appellant is a non-disabled adult residing in the community in a household of four.
3. Appellant has verified gross monthly household income of \$4,662.00.

## 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)). There was no dispute that Appellant's verified monthly gross household income constitutes 211.12% FPL for her household of four. Accordingly, MassHealth was correct in determining that Appellant is not, at this time, income eligible for a MassHealth benefit.

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**

Remove AID PENDING and proceed with determination of December 20, 2024.

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