

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2503553
Decision Date:	05/27/2025	Hearing Date:	04/04/2025
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:



Appearance for MassHealth:

Laymaris Ortiz



*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

Appeal Decision:	DENIED	Issue:	Community Eligibility
Decision Date:	05/27/2025	Hearing Date:	04/04/2025
MassHealth's Rep.:	Laymaris Ortiz	Appellant's Rep.:	██████
Hearing Location:	Springfield MEC	Aid Pending:	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 March 3, 2025, MassHealth informed Appellant that she does not qualify for MassHealth benefits upon determining that her gross countable household income exceeds eligibility limits ([Exhibit A](#)). Appellant filed for an appeal with the Board of Hearings in a timely manner on March 3, 2025 ([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.

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.

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 two. Appellant's last-verified monthly household income is \$10,271.29. 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 two, which is \$2,345.00 per month.

The MassHealth representative further testified that Appellant had previously been eligible for MassHealth CommonHealth benefits as she had been determined disabled in the past; however, a disability re-determination was made in February 2025 which determined that Appellant was no longer disabled for Masshealth eligibility purposes.

Appellant testified that she keeps her finances separate from her husband's income. Appellant testified that she does not live off of her husband's income and they do not share income. Appellant testified that she has anxiety and depression and needs health insurance to afford her medication.

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. The last-verified gross monthly income of Appellant's household is \$10,276.29.

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 not met her burden.

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)). For income eligibility purposes, the household includes the spouse of a member or applicant (130 CMR 506.002(B)).

Appellant did not dispute any of MassHealth's figures or that she is under the age of 65, does not have a formal determination of current disabled status and resides in a household of two in the community. Appellant also did not dispute the gross monthly household income of \$10,276.29 which exceeds the applicable eligibility limit of 133% of the federal poverty limit for a household of two (\$2,345.00) (130 CMR 505.002(C)). Masshealth regulations do not allow for the parsing of incomes between household members. As the above-cited regulation states, eligibility is based on the gross household income of all household members. 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 determination of March 3, 2025.

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.

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