

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellants Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Consolidated Appeal Numbers:</b>	2511519 & 2511523
<b>Decision Date:</b>	10/30/2025	<b>Hearing Date:</b>	09/09/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellants:**



**Appearance for MassHealth:**

Hector Rivera



*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>	Community Financial Eligibility
<b>Decision Date:</b>	10/30/2025	<b>Hearing Date:</b>	09/09/2025
<b>MassHealth's Rep.:</b>	Hector Rivera	<b>Appellants' Rep.:</b>	██████
<b>Hearing Location:</b>	Springfield MEC		

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through notices dated June 16, 2025, MassHealth informed Appellants (husband and wife) that they do not qualify for MassHealth benefits upon determining that their gross countable household income exceeds the applicable eligibility limit. MassHealth also determined that Appellants are eligible to enroll in a ConnectorCare Plan (Exhibit A). Appellants filed for appeals with the Board of Hearings in a timely manner on August 6, 2025. (See 130 CMR 610.015(B) and Exhibit A). Eligibility determinations constitute adequate grounds for appeal (130 CMR 610.032). The appeals were consolidated for hearing.

### Action Taken by MassHealth

MassHealth determined that Appellants do not qualify for MassHealth benefits upon determining that the gross countable household income exceeds the applicable eligibility limit, but MassHealth also determined that Appellants are 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 Appellants do not qualify for MassHealth benefits upon determining that the gross countable household income exceeds the applicable eligibility limit, but MassHealth also determined that Appellants are eligible to enroll in a ConnectorCare Plan.

## **Summary of Evidence**

Both parties appeared by telephone.

Appellants are married non-disabled adults under the age of 65 who reside in the community. The MassHealth representative testified that the household size is three (Appellants with a minor child) with verified household income of \$5,864.86 per month, which constitutes 259.08% of the Federal Poverty Level (FPL). The MassHealth representative testified that the 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 three, is \$2,954.00. Both Appellants are eligible to enroll with a ConnectorPlan through the Connector Authority. The minor Child has Family Assistance benefits.

Appellants appeared on their own behalf with the husband testifying for both. Appellants asserted that the Connector plans are too expensive. Appellants reviewed their monthly living expenses and noted that their monthly rent recently increased by \$400. Appellants also discussed increased expenses arising from their adult son's return home.

## **Findings of Fact**

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

1. Appellants are under the age of 65.
2. Appellants are non-disabled adults residing in the community with one minor child in a household of three.
3. At the time the subject determination was made, Appellants had verified gross countable household income equal to 259.08% FPL for a household of three.

## **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, Appellants have failed to meet their 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). Eligibility for MassHealth CarePlus for a non-disabled adult residing in the community is also 133% FPL for the household size (130 CMR 505.008). At the time the subject decision was made, Appellants evidenced an FPL of 259.08%. Unfortunately, MassHealth regulations do not take the expenses expressed by the appellants into consideration when determining countable income. Financial eligibility for non-disabled community residents is based solely on household size and gross countable income.

On this record, Appellants have 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: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104, 413-785-4186