

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2304179
<b>Decision Date:</b>	6/26/2023	<b>Hearing Date:</b>	06/21/2023
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sherri Paiva, Taunton MEC

**Interpreter:**  
Language Line



*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
<b>Decision Date:</b>	6/26/2023	<b>Hearing Date:</b>	06/21/2023
<b>MassHealth's Rep.:</b>	Sherri Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<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 February 21, 2023, MassHealth notified Appellant that she is not eligible for a MassHealth coverage type other than MassHealth Limited due to her immigration status (130 CMR 504.003, and Exhibit 1). Appellant filed this appeal in a timely manner on May 18, 2023 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified Appellant that she is not eligible for a coverage type other than MassHealth Limited due to her immigration status.

### Issue

The appeal issue is whether MassHealth correctly determined that Appellant is not eligible for a MassHealth coverage type other than MassHealth Limited due to her immigration status.

## Summary of Evidence

The MassHealth representative testified that Appellant is a non-disabled adult, who lives with her minor child and her brother. Appellant did not indicate that she is pregnant. Appellant is ■ years old, is not a legal permanent resident and has an employment authorization card. Appellant's minor child is open on MassHealth Standard coverage.<sup>1</sup> Appellant reported that she is employed with gross monthly earnings of \$2,312.09 which equates to 106.61% of the federal poverty level for a household of 3. Appellant is a tax filer and claims as tax dependents her child and her brother. Appellant was enrolled in a Tufts Health Connector plan with no premium, and on June 1, 2023 changed to Fallon Health Connector plan with no premium. MassHealth determined that Appellant is not eligible for a MassHealth coverage type other than MassHealth Limited due to her immigration status.

Appellant reported that as of 3 days prior to the hearing, she was no longer employed, although she anticipated returning to work when her employer called her back to work. MassHealth redetermined eligibility based on Appellant's reported unemployment status and determined that her coverage type would not change from Fallon Health Connector plan with no premium, and MassHealth Limited based on her status as an immigrant lawfully present with employment authorization. Appellant stated that she felt she should be eligible for MassHealth coverage and added that she has a hearing regarding her immigration status in a few weeks.

## Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. Appellant is a non-disabled, non-pregnant adult ■ years of age.
2. Appellant is not a legal permanent resident, has an employment authorization card, and is legally present.
3. Appellant is a tax filer and claims as tax dependents her child and her brother with whom she lives in a household of 3.
4. Appellant reported employment with gross monthly earnings of \$2,312.09 which equates to 106.61% of the federal poverty level for a household of 3. Appellant also reported that she is no longer employed but would soon return to work.
5. Appellant was enrolled in a Tufts Health Connector plan with no premium, and on June 1, 2023 changed to Fallon Health Connector plan with no premium, and MassHealth Limited.

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<sup>1</sup> Appellant challenged only her coverage type.

6. 133% of the federal poverty level for a household of 3 is \$2,756.

## Analysis and Conclusions of Law

Pursuant to 130 CMR 506.007(A), financial eligibility for coverage types is determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002, with the applicable income standard for the specific coverage type. Appellant's reported gross countable income of \$2,312.09 equates to 106.61% of the federal poverty level for a household size of 3. Appellant's immigration status is described under 130 CMR 504.003(A)(3)(c)(3) as a nonqualified individual lawfully present, granted employment authorization. The applicable coverage for qualified noncitizens, qualified noncitizens barred, and nonqualified individuals lawfully present is listed in 130 CMR 504.006 (130 CMR 504.003(A)). Pursuant to 130 CMR 504.006(B) Qualified noncitizens barred and nonqualified individuals lawfully present may receive the following coverage:

- (1) MassHealth Standard, if they are younger than 19 years old, young adults 19 and 20 years of age, or people who are pregnant and meet the categorical requirements and financial standards described in 130 CMR 505.002: *MassHealth Standard*; independent foster care children 18 through 20 years of age, and children younger than 19 years old and young adults aged 19 and 20 years of age who are receiving EAEDC.
- (2) MassHealth CommonHealth, if they are younger than 19 years old and meet the categorical requirements and financial standards as described in 130 CMR 505.004: *MassHealth CommonHealth*;
- (3) MassHealth Family Assistance, if they are children younger than 19 years old, disabled adults 21 through 64 years of age and meet the categorical requirements and financial standards as described in 130 CMR 505.005: *MassHealth Family Assistance* or adults 21 through 64 years of age who are receiving EAEDC;
- (4) MassHealth Limited, if they are adults 21 through 64 years of age and meet the categorical requirements and financial standards as described in 130 CMR 505.006: *MassHealth Limited*; (emphasis added)**
- (5) Children's Medical Security Plan, if they are children younger than 19 years old and meet the categorical requirements and financial standards as described in 130 CMR 522.004: *Children's Medical Security Plan (CMSP)*.

Pursuant to 130 CMR 505.006(B)(1)(c)(1), MassHealth Limited is available to: qualified noncitizens barred, as described in 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, and nonqualified individuals lawfully present, as described in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present* who are adults, including parents and caretaker relatives, 21 through 64 years of age with modified adjusted gross income of the MassHealth MAGI

household that is less than or equal to 133% of the FPL. Appellant's reported MAGI income equates to 106.61% of the federal poverty level for a household of 3, which is less than 133% of the federal poverty level, \$2,756.<sup>2</sup> Therefore, MassHealth correctly determined that the only MassHealth coverage type available to Appellant is MassHealth Limited.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765).

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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

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<sup>2</sup> Whether Appellant is unemployed does not change her eligibility for MassHealth Limited only which is based on immigration status and income below 133% of the federal poverty level.