

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|-------------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2313830 |
| Decision Date: | 3/11/2024 | Hearing Date: | 01/31/2024 |
| Hearing Officer: | Christopher Jones | | |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Lorena Garcia – Tewksbury HCR



*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

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|---------------------------|---------------|--------------------------|--|
| Appeal Decision: | Denied | Issue: | Under-65; Eligibility; Income; Immigration |
| Decision Date: | 3/11/2024 | Hearing Date: | 01/31/2024 |
| MassHealth's Rep.: | Lorena Garcia | Appellant's Rep.: | Pro se |
| Hearing Location: | Telephonic | 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 December 27, 2023, MassHealth terminated the appellant's MassHealth Limited benefits because his income was too high. (Exhibit 1; 130 CMR 506.007.) The appellant filed this appeal in a timely manner on December 29, 2023, and his MassHealth Limited benefits are protected pending the outcome of this appeal. (Exhibit 2; 130 CMR 610.015(B); 610.036.) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth Limited coverage and approved him for the Health Safety Net based upon his income.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.006, in determining that the appellant's income is too high to qualify for MassHealth Limited.

Summary of Evidence

The appellant is between the ages of 21 and 65 and he does not have a Social Security number, a work authorization, or any other potentially qualifying immigration status. As part of his annual

eligibility review, the appellant verified employment income of \$1,100 every other week. MassHealth's representative testified that the income cut off for MassHealth Limited is 133% of the federal poverty level, or \$1,616 per month. The appellant's income equated to 196% of the federal poverty level. MassHealth's representative confirmed that the appellant had been covered by MassHealth Limited in the past.

The appellant testified that after rent and expenses, he does not have any money left over. Also, he testified that he had a serious medical condition that was going to need surgery, and he did not think he could get it treated on Health Safety Net. He testified that he had attempted to reach out to Community Health Centers to make an appointment, and he was turned away because they were not accepting new patients. He did not dispute the income that MassHealth had on file for him, however.

Findings of Fact

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

- 1) The appellant has a household of one and he is between the ages of 21 and 65. (Testimony by MassHealth's representative.)
- 2) The appellant does not have Social Security number, and he is not authorized to work in the United States of America. He does not have any other immigration status that may qualify him for benefits. (Testimony by the appellant and MassHealth's representative.)
- 3) The appellant earns \$1,100 every other week. (Testimony by the appellant.)

Analysis and Conclusions of Law

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold. A preliminary step in determining an individual's eligibility for MassHealth coverage, is determining their citizenship status. MassHealth categorizes individuals as: "Lawfully Present"; "Protected Noncitizens ... who were receiving medical assistance or CommonHealth on June 30, 1997"; "Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)," who are individuals that have a case being tracked by the Department of Homeland Security, such as noncitizens granted Deferred Action for Childhood Arrivals; and "Other Noncitizens." (130 CMR 504.003.)

The appellant's only immigration category is as an "Other Noncitizen."

- (D) Other noncitizens may receive the following coverage:

(1) MassHealth Standard, if they are pregnant and meet the categorical requirements and financial standards as described in 130 CMR 505.002: *MassHealth Standard*;

(2) MassHealth Limited, if they meet the categorical requirements and financial standards as described in 130 CMR 505.006: *MassHealth Limited*; and

(3) 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)*.

MassHealth Limited is available for “adults 21 through 64 years old who are . . . adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL . . .” (130 CMR 505.006(B)(1)(a)4.)

MAGI household income includes

(1) Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.

(2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.

(130 CMR 506.003(A)(1)-(2).) Monthly income is derived by multiplying average weekly income by 4.333, and “[f]ive percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.” (130 CMR 506.007(A).)

The federal poverty level for a household of one in 2024 is now \$1,255 per month. Five percent of the federal poverty level is \$62.75. The appellant’s income for eligibility purposes is \$2,320.40, which is equivalent to 185% of the federal poverty level for a household of one. Because the appellant’s income is over 133% of the federal poverty level, MassHealth was correct that he is ineligible for Limited coverage. This appeal is DENIED.

Order for MassHealth

Remove Aid Pending.

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.

Christopher Jones
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957