

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2401990
<b>Decision Date:</b>	4/29/2024	<b>Hearing Date:</b>	03/12/2024
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Laymaris Ortiz

**Interpreter:**  
Amharic



*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 Years of Age
<b>Decision Date:</b>	4/29/2024	<b>Hearing Date:</b>	03/12/2024
<b>MassHealth's Rep.:</b>	Laymaris Ortiz	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<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 01/22/2024, MassHealth informed the appellant that he was not eligible for MassHealth benefits. Through the same notice, MassHealth informed the appellant that he was eligible for Health Safety Net and a Health Connector plan (130 CMR 502.003, 506.007(B); Exhibit 1). On 02/08/2024, the appellant filed a timely appeal (130 CMR 610.015). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth.

## Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth.

## Summary of Evidence

The MassHealth representative testified the appellant and his wife are part of a household of four, which includes two children who are under ■ years of age. The appellant and his wife are both under ■ years of age. A recent eligibility review showed that the family has gross monthly income of 195% of the federal poverty limit (FPL). As a result, the children were determined to be eligible for MassHealth Family Assistance benefits and the appellant's wife is eligible for MassHealth Standard benefits.<sup>1</sup> The appellant was determined to be not eligible for MassHealth benefits because the family's income exceeds 133% of the FPL.

The representative testified that MassHealth incorrectly calculated the appellant's income, resulting in the above determination. Since that determination, MassHealth has corrected the family's gross monthly income to be \$3,495.00, which equals 129% of the FPL. The appellant's wife's eligibility did not change, nor did the children's eligibility. The appellant was upgraded to MassHealth Limited benefits. He was also referred to the Health Connector. The MassHealth representative testified that the appellant will be able to purchase a zero-cost health plan through the Health Connector. He is not eligible for MassHealth Standard benefits because, although his income is within the program guidelines, his immigration status disqualifies him. The appellant has a green card; he is a legal permanent resident. His date of entry is 11/01/2019. The MassHealth representative testified that there is a "five year bar" to eligibility for legal permanent residents. Once five years have elapsed from the date of entry, his eligibility will again be redetermined and his immigration status will not bar him from eligibility.

The appellant appeared at the fair hearing telephonically and he testified with the assistance of a Amharic interpreter. He does not dispute his wife's or his children's eligibility. He testified that at one time he was received MassHealth Standard benefits. He would like again to be approved for MassHealth Standard benefits. He stated he has had billing problems with the Health Connector.

## Findings of Fact

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

1. Appellant is under ■ years of age. He lives with his wife and two children who are under ■

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<sup>1</sup> The appellant's wife was determined to be eligible for MassHealth Standard benefits as a "victim," pursuant to MassHealth regulations at 130 CMR 504.003(A)(1)(9).

years of age (Testimony).

2. The appellant and his family are counted as household of four people for the purposes of MassHealth eligibility (Testimony).
3. The wife's and the children's eligibility are not at issue in this appeal (Testimony).
4. On 01/22/2024, MassHealth informed the appellant that he was not eligible for MassHealth benefits. Through the same notice, MassHealth informed the appellant that he was eligible for Health Safety Net and a Health Connector plan (Testimony; Exhibit 1).
5. Subsequent to the 01/22/2024 MassHealth notice, MassHealth corrected the appellant's income, which had been incorrectly calculated by MassHealth (Testimony).
6. The appellant's household has gross monthly income of \$3,495.00 (Testimony).
7. One hundred thirty three percent of the FPL for a household of four is \$3,458.00 (03/2024).
8. The appellant is a legal permanent resident of the United States, with a date of entry of 11/01/2019 (Testimony).
9. MassHealth determined that the appellant is not eligible for MassHealth benefits. He was referred to the Health Connector (Testimony).

## **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 505.006 describe the eligibility requirements for MassHealth Limited benefits, as follows:

(A) Overview. 130 CMR 505.006 contains the categorical requirements and financial standards for MassHealth Limited coverage for children, young adults, and adults 21 through 64 years old who are parents, caretakers, adults, and disabled adults.

(B) Eligibility Requirements.

(1) MassHealth Limited is available to the following:

- (a) other noncitizens as described in 130 CMR 504.003(D): Other Noncitizens who are
  1. children younger than one year old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 200% of the federal poverty level (FPL);
  2. children one through 18 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
  3. young adults 19 through 20 years old with modified adjusted gross income of

the MassHealth MAGI household that is less than or equal to 150 % of the FPL;

4. ***adults 21 through 64 years old who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL;*** and

5. disabled adults 21 through 64 years old with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133% of the FPL

(Emphasis added.)

The appellant is a legal permanent resident of the United States, with a date of entry of 11/01/2019. A legal permanent resident is barred from MassHealth eligibility for five years from the date of entry (see 130 CMR 504.003(A)(1)(b)). His five-year bar will come to an end on 11/01/2024. As of the date of this hearing, the appellant has not reached the five-year bar. There is no dispute that the appellant is financially eligible for MassHealth benefits, having income that is below 133% of the FPL. Additionally, he is categorically eligible for MassHealth benefits, as the parent of children who are under ■ years of age in the household. Had the appellant satisfied the five-year bar, he would be eligible for MassHealth Standard benefits; however, because his date of entry is less than five years prior to the date of his application, he was determined to be eligible for MassHealth Limited benefits.

MassHealth correctly determined that the appellant is not eligible for MassHealth Standard benefits. He is eligible for MassHealth Limited benefits. Additionally, MassHealth determined that the appellant would qualify for a zero-cost Health Connector Plan. MassHealth's eligibility determination is supported by the facts in the hearing record, as well as the relevant regulations. Accordingly, this appeal is denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Health Connector questions can be addressed by calling 1-877-623-6765. Additionally, if the appellant's income or household size changes, he should contact MassHealth for a new determination of benefits.

## 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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104