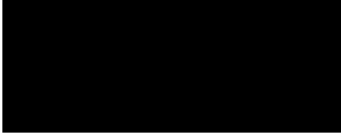


Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403323
Decision Date:	04/23/2024	Hearing Date:	April 04, 2024
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se.

MassHealth Representative:

Laymaris Ortiz

Interpreter:



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 504.006 Eligibility
Decision Date:	04/23/2024	Hearing Date:	April 04, 2024
MassHealth Rep.:	L. Otirz	Appellant Rep.:	Pro se
Hearing Location:	Springfield	Aid Pending:	No

Authority

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

Jurisdiction

The appellant received a notice dated February 23, 2024 stating: “MassHealth has approved [you] for MassHealth Limited. ... [You] do not qualify for more MassHealth benefits for one or more of the following reasons: [You] do not meet citizenship requirements.” (Exhibit 1).

The appellant filed this appeal timely on March 05, 2024. (See 130 CMR 610.015(B); and Exhibit 2).

The scope or restriction of a member’s assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the Appellant for MassHealth Limited coverage.

Issue

Did MassHealth correctly determine the Appellant’s MassHealth Limited eligibility.

Summary of Evidence

A MassHealth representative stated that on February 23, 2024 the appellant submitted a MassHealth application indicating she was a [REDACTED] old member of a household of one with \$0.00 income. During the review process MassHealth determined the Appellant could not verify her immigration status. Because the Appellant is considered an undocumented noncitizen and her income is under 133% of the Federal Poverty Level, she is eligible only for MassHealth Limited coverage. Although the appellant has stated she is disabled, she has provided no finding of disability from either Social Security or MassHealth. MassHealth stated that even if the appellant verifies her disability she still would still be eligible only for Limited coverage due to her immigration status.

The appellant testified she was diagnosed with Parkinson's disease in [REDACTED], effecting her arms and feet creating stiffness and difficulty walking. The appellant stated that in [REDACTED] her physician indicated he would no longer treat her because she only has Limited coverage. The appellant stated she contacted MassHealth and was informed she was not eligible for any other benefits because she is not a citizen nor does she have a Social Security number. The appellant submitted into evidence a narrative and medical documentation. (Exhibit 4).

Findings of Fact

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

1. The Appellant is over 21 and under 65 years of age and a member of a household of one. (Testimony).
2. The Appellant does not have documentation of citizenship. (Testimony).
3. The Appellant has household income of \$0.00. (Testimony).

Analysis and Conclusions of Law

On February 23, 2024 the appellant applied for MassHealth benefits. MassHealth reviewed the application and determined the Appellant was ineligible for any coverage other than MassHealth Limited as she could not verify her immigration status.

MassHealth eligibility requirements allow undocumented noncitizens ages 21 through 64 years of age Limited benefits if their modified adjusted gross income (MAGI) is less than or equal to 133% of the Federal Poverty Level (FPL). (130 CMR 504.006(D)). The record indicates the appellant is a [REDACTED] old, undocumented member of a household of one with \$0.00 income. Based on the appellant's current immigration status she is only eligible for MassHealth Limited

coverage.¹

Nonqualified aliens may only receive MassHealth Limited if otherwise eligible for MassHealth Standard therefore this appeal must be 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.

Brook A. Padgett
Hearing Officer
Board of Hearings

cc: MassHealth: Springfield MEC

¹ 130 CMR 505.006: MassHealth Limited (A) Overview. 130 CMR 505.006 contains the categorical requirements and financial standards for MassHealth Limited coverage for children, young adults, and adults aged 21 through 64 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 of age 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 and 20 years of age 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 of age 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 of age with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133% of the FPL; ...(*Emphasis added*).