

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407526
Decision Date:	08/01/2024	Hearing Date:	06/07/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherri Paiva, Taunton MEC

Interpreter:



*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

Appeal Decision:	Denied	Issue:	Community Eligibility—under 65
Decision Date:	08/01/2024	Hearing Date:	06/07/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center (Telephone)	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 April 30, 2024, MassHealth downgraded the Appellant's MassHealth coverage from MassHealth Family Assistance to MassHealth Limited. 130 CMR 505.005 and Exhibit 1. The Appellant filed this appeal in a timely manner on May 8, 2024. 130 CMR 610.015(B) and Exhibit 2. Reduction of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded the Appellant's MassHealth coverage from MassHealth Family Assistance to MassHealth Limited.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.005, in downgrading the Appellant to MassHealth Limited because the Appellant did not submit a disability supplement.

Summary of Evidence

The hearing was held telephonically. The MassHealth representative testified that the Appellant is an adult between the ages of 21-64 and has a household size of two. The MassHealth representative testified that the household has no income. The MassHealth representative testified that the Appellant's MassHealth Family Assistance ended because the Appellant did not submit her disability supplement, such that there is not a determination of disability by the Disability Evaluation Services. The MassHealth representative explained that the Appellant has an employment authorization card and is a nonqualified individual lawfully present. The MassHealth representative stated that she would send the Appellant another disability supplement to complete. The MassHealth representative stated that the Appellant was likely eligible for a plan through the Health Connector without a monthly premium, and that if the Appellant called the Health Connector that she could also request an interpreter.

The Appellant testified through an interpreter and verified her identity. The Appellant testified that she did not know how to complete the disability supplement and that she had contacted a legal clinic, but she was told to wait for her hearing. The Appellant testified that she has scheduled surgeries and that she is not working due to her health problems.

Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64. Testimony & Exhibit 4.
2. The Appellant has a household size of two and no income. Testimony.
3. MassHealth had not received a current disability supplement from the Appellant at the time of the hearing. Testimony.
4. The Appellant has an employment authorization card and is a nonqualified individual lawfully present. Testimony.

Analysis and Conclusions of Law

As relevant here, MassHealth regulations provide:

505.005: MassHealth Family Assistance

(A) Overview. 130 CMR 505.005 contains the categorical requirements and financial standards for MassHealth Family Assistance.

....

(5) Disabled adults who are qualified noncitizens barred, as defined in 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, nonqualified individuals lawfully present, as defined in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present*, or nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, whose modified adjusted gross income of the MassHealth Disabled Adult household is at or below 100% of the FPL are eligible for MassHealth Family Assistance.

....

(F) Eligibility Requirement for Disabled Adults Who Are Qualified Noncitizens Barred, Nonqualified Individuals Lawfully Present, and Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth Disabled Adult Household at or below 100% of the Federal Poverty Level. Individuals who are disabled adults are eligible for MassHealth Family Assistance coverage described in 130 CMR 505.005(F) if they meet the following criteria.

(1) Eligibility Requirements. The individual is eligible if

- (a) the individual is totally and permanently disabled as defined in 130 CMR 501.001: Definition of Terms;
- (b) the individual is younger than 65 years old;
- (c) the individual is ineligible for MassHealth Standard or MassHealth CommonHealth;
- (d) the individual's modified adjusted gross income of the MassHealth Disabled Adult household is at or below 100% of the FPL; and
- (e) the individual is a qualified noncitizen barred as described in 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, nonqualified individual lawfully present, as defined in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present*, or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*.

(2) Determination of Disability. Disability is established by

- (a) certification of legal blindness by the Massachusetts Commission of the Blind (MCB);
- (b) a determination of disability by the Social Security Administration (SSA); or
- (c) a determination of disability by the Disability Evaluation Services (DES).

130 CMR 505.005(A)(5), (F)(1), (F)(2).

504.006: Applicable Coverage Types

(A) Citizens, qualified noncitizens, and protected noncitizens may receive MassHealth under any coverage type if they meet the eligibility requirements described in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(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 age 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*; and

(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)*.

130 CMR 504.006(A), (B).

Here, for purposes of determining eligibility, the Appellant's immigration status is a nonqualified individual lawfully present. As discussed above, MassHealth had not received a current disability supplement from the Appellant at the time of the hearing, such that there is no determination of disability by Disability Evaluation Services. 130 CMR 505.005(F)(2); *see also* 130 CMR 504.003(A)(3); 130 CMR 504.006(B)(4).¹ Accordingly, MassHealth did not err in issuing the April 30, 2024, notice downgrading the Appellant to MassHealth Limited. The appeal is denied.

The Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765) and any inquiries concerning Health Safety Net to 1-877-910-2100.

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.

¹ If the Appellant submits a disability supplement and is determined to have a disability by Disability Evaluation Services, she may be found eligible for MassHealth Family Assistance again.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616