

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409060
Decision Date:	09/19/2024	Hearing Date:	07/15/2024
Hearing Officer:	Kimberly Scanlon	Record Open to:	08/05/2024

Appearance for Appellant:
Via telephone



Appearance for MassHealth:
Via telephone
Kaila Keddle – Tewksbury MEC



*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:	Eligibility; Under 65; Downgrade; Immigration Status
Decision Date:	09/19/2024	Hearing Date:	07/15/2024
MassHealth's Rep.:	Kaila Keddie	Appellant's Rep.:	[REDACTED]
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 2 (Remote)	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 May 28, 2024, MassHealth notified the appellant that his benefits were being downgraded from CarePlus to Limited beginning after June 11, 2024, because of a change in his circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on June 6, 2024 (130 CMR 610.015(B); Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open for a brief period for the appellant to submit additional documentation (Exhibit 7).

Action Taken by MassHealth

MassHealth notified the appellant that his benefits were being downgraded from CarePlus to Limited because of a change in his circumstances.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's benefits from CarePlus to Limited.

Summary of Evidence

The MassHealth representative appeared at the hearing telephonically. The appellant and his representative appeared at the hearing telephonically. The record establishes the following: The appellant is under 65 years of age with a household size of 1 and no monthly household income (See, Exhibit 1, p. 2; Exhibit 4). On February 21, 2024, the appellant contacted MassHealth and self-declared his immigration status as a refugee. MassHealth performed an electronic data match and it was unable to verify the appellant's immigration status. On February 21, 2024, MassHealth sent the appellant a request for information, requesting proof of his immigration status. MassHealth did not receive the requested documentation from the appellant. On May 28, 2024, MassHealth sent the appellant a downgrade notice, notifying him that his benefits would be downgraded from CarePlus to Limited after June 11, 2024 (Exhibit 1). The appellant is also eligible for Health Safety Net coverage. *Id.*

The appellant and his representative appeared at the hearing telephonically and clarified that the appellant has been in the United States since [REDACTED] approximately. The appellant obtained a Social Security card. His representative stated that attempting to verify the appellant's immigration status has been extremely challenging, despite all attempts that have been made thus far. Additionally, at a court program last week, the appellant was told that he no longer had MassHealth insurance, despite aid pending protection in place. The MassHealth representative confirmed that the appellant was currently protected with CarePlus benefits and explained the aid pending process. The MassHealth representative inquired whether the appellant has knowledge of his current immigration status. The appellant stated that he is not aware of his current immigration status. He explained that he was previously ordered deported, however, his country refused to take him back. The MassHealth representative explained that if the appellant was ordered deported but remained in the United States, he would be considered as an undocumented immigrant and would not have an immigration status. However, in this case, the appellant obtained a Social Security card and therefore he must have an immigration status. She further inquired whether the appellant received a green card. The appellant stated that he either lost it or Customs took it from him, he does not recall. The MassHealth representative explained that the appellant would need to submit documentation that indicates his current immigration status to qualify for MassHealth benefits.

The record was left open for a brief period for the appellant's submission of additional documentation surrounding his immigration status (Exhibit 7). The MassHealth representative subsequently indicated that she did not receive any further documentation from the appellant

(Exhibit 8).¹

Findings of Fact

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

1. The appellant is under the age of 65, in a household size of one, with no monthly income.
2. On February 21, 2024, the appellant contacted MassHealth and self-declared his immigration status as a refugee.
3. On February 21, 2024, MassHealth performed an electronic data match, and it was unable to verify the appellant's immigration status. MassHealth sent the appellant a request for information, requesting proof of his immigration status.
5. MassHealth did not receive the requested documentation from the appellant.
6. On May 28, 2024, MassHealth sent the appellant a downgrade notice, notifying him that his benefits would be downgraded from CarePlus to Limited after June 11, 2024. The notice further stated that the appellant is eligible for Health Safety Net benefits.
7. The appellant timely appealed this MassHealth action.
8. At the conclusion of the hearing, the record was left open for the appellant to submit additional documentation pertaining to his immigration status.
9. MassHealth did not receive any documentation from the appellant regarding his immigration status.

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

(1) Standard for pregnant women, children, parents and caretaker relatives, young adults,² disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents,

¹ The MassHealth representative went out on an unplanned leave of absence during the record-open period. As a result, this case was ultimately reviewed by her manager.

² "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);

(2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

(3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;

(4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;

(5) Small Business Employee Premium Assistance for adults or young adults who

(a) work for small employers;

(b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;

(c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and

(d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;

(6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and

(7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity (130 CMR 502.003). Per 130 CMR 503.003(D), The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.

(2) If the applicant or member fails to provide verification of information within 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.

(a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.

(b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).

(c) If the required verifications are received within one year from the date the application or renewal form was received, coverage is reinstated to a date ten days before the receipt of the verifications.

- (d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

130 CMR 504.004 addresses the immigration status verification process, as follows:

(A) U.S. Citizenship and Immigration Status. MassHealth requires verification of U.S. citizenship or immigration status for all MassHealth applicants, except other noncitizens.

(1) The MassHealth agency will initiate electronic data matches as described in 130 CMR 502.004: *Matching Information* to attempt to verify U.S. citizenship or immigration status. If electronic data sources are unable to verify U.S. citizenship or immigration status, additional documentation will be required from the individual.

(2) Acceptable proof of U.S. citizenship is described in 130 CMR 504.005(A)(1) and (2). Individuals who fail to submit proof of U.S. citizenship within 90 days of the MassHealth agency's request will subsequently only be

(a) eligible for Children's Medical Security Plan (CMSP) if they meet the categorical requirements for CMSP described in 130 CMR 522.000:

MassHealth: Other Division Programs; or

(b) eligible for MassHealth Standard for those who are pregnant if they meet the categorical requirements and financial standards described in 130 CMR 505.002(D): *Eligibility Requirements for Pregnant Women*.

(3) Acceptable proof of immigration status is described in 130 CMR 504.005(B). Individuals who fail to submit proof of immigration status within 90 days of the MassHealth agency's request will subsequently be eligible only for MassHealth Limited, if they meet the categorical requirements and financial standards of MassHealth Standard;

(a) eligible for Children's Medical Security Plan (CMSP) if they meet the categorical requirements for CMSP described in 130 CMR 522.000: *MassHealth: Other Division Programs*; or

(b) eligible for MassHealth Standard for those who are pregnant if they meet the categorical requirements and financial standards described in 130 CMR 505.002(D): *Eligibility Requirements for Pregnant Women*.

(130 CMR 504.004)(A)) (emphasis added).

In the present case, the issue on appeal is whether MassHealth was correct in notifying the appellant that his benefits would be downgraded from CarePlus to Limited. MassHealth requires verification of U.S. citizenship or immigration status for all MassHealth applicants, except other

noncitizens (130 CMR 504.004(A)).³ Acceptable proof of immigration status includes any verification allowed under federal law as determined by the MassHealth agency (130 CMR 504.005(B)). Individuals who fail to submit proof of immigration status within 90 days of the MassHealth agency's request will subsequently be eligible only for MassHealth Limited (130 CMR 504.004(A)(3)). Here, the appellant was granted a post-hearing record open period to submit documentation verifying his immigration status. Despite the additional time granted, the appellant did not submit any documentation to verify that he is a lawfully present immigrant, a protected noncitizen, or a nonqualified person residing under color of law (130 CMR 504.003 (A) through (C)). The appellant has not demonstrated that he is eligible for a MassHealth coverage type other than MassHealth Limited. For these reasons, the MassHealth decision is correct, and this appeal is denied.⁴

Order for MassHealth

None, except to 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

³ Noncitizens whose status is not described in 130 CMR 504.003(A) through (C), are considered other noncitizens (130 CMR 504.003(D)). Adult males who fit into this category, and meet certain financial standards, are eligible for MassHealth Limited coverage only (130 CMR 504.006(D)(2); 505.006(B)(4)).

⁴ The appellant may direct any questions or inquiries concerning Health Safety Net to 877-910-2100.