

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2412952
<b>Decision Date:</b>	11/15/2024	<b>Hearing Date:</b>	09/27/2024
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Lorena Garcia, Tewksbury 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65; Immigration
<b>Decision Date:</b>	11/15/2024	<b>Hearing Date:</b>	09/27/2024
<b>MassHealth's Rep.:</b>	Lorena Garcia	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<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 June 19, 2024, MassHealth approved appellant for MassHealth Limited, with a start date of May 26, 2024. (Ex. 1). Appellant filed this appeal in a timely manner on August 20, 2024. (Ex. 2). Restricting assistance is valid grounds for appeal. (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved appellant for MassHealth Limited.

### Issue

The appeal issue is whether MassHealth was correct in approving appellant for MassHealth Limited.

### Summary of Evidence

Appellant, a MassHealth worker (worker) and a Haitian Creole interpreter all appeared at hearing by phone. The hearing began, all were sworn and documents were marked as evidence. The worker testified appellant was approved for MassHealth Limited through a notice dated June 19,

2024. (Testimony; Ex. 1). She stated appellant was in a household of 4 and had a monthly income of \$3,454. This income places appellant at 127.88% of the Federal Poverty Level (FPL). (Ex. 1, p. 2). She stated appellant holds an Employment Authorization Card. The worker described appellant's immigration status as [REDACTED]. [REDACTED] She stated appellant's income and his immigration status as a [REDACTED] made appellant eligible only for MassHealth Limited. (Testimony; 130 CMR 505.006(B)(1)(b)4).

Appellant began his testimony by stating his name. He thanked MassHealth for the support for him and his family. He stated when he received the letter from MassHealth stating he had MassHealth Limited he was about to go see the doctor for a hearing aid. On the day he was going to the hospital, the hospital called him and told him MassHealth would not cover the hearing aid. He stated he made several attempts to call MassHealth and UMass to find out what he needed to do to get a hearing aid. He testified UMass told him that his doctor had to reach out to MassHealth and get the information on how appellant could receive a hearing aid. He then stated he received a letter on July 23, 2024 that he was approved for the hearing aid. (Ex. 4, p. 2-4). Evidence shows appellant then received another letter from MassHealth on July 29, 2024 informing appellant his request for a hearing aid was denied. (Ex. 1A). Appellant stated he was confused.<sup>1</sup>

## Findings of Fact

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

1. Appellant was approved for MassHealth Limited on June 19, 2024. (Testimony; Ex. 1).
2. Appellant's immigration status is a [REDACTED]. (Testimony).
3. Appellant is in a household of 4 with a monthly income of \$3,454. (Testimony). Appellant's monthly income is at 127.88% of the FPL. (Ex. 1, p. 2).
3. Appellant did not dispute the approval of his MassHealth Limited. (Testimony; Ex. 4).

## Analysis and Conclusions of Law

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<sup>1</sup> Appellant raised the issue of the denial by MassHealth, via notice dated July 29, 2024, of his prior authorization request for a hearing aid. (Ex. 1A). That issue is beyond the scope of this appeal.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

#### 130 CMR 504.003: Immigrants

(C) Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs). Certain noncitizens who are not described in 130 CMR 504.003(A) or (B) may be permanently living in the United States under color of law. The applicable coverage types for nonqualified PRUCOLs are listed in 130 CMR 504.006.

#### 130 CMR 504.006: Applicable Coverage Types

(C) Nonqualified PRUCOLs may receive the following:

...

(4) MassHealth Limited, if they are children younger than 19 years old, young adults 19 or 20 years of age, adults 21 through 64 years of age and meet the categorical requirements and financial standards as described in 130 CMR 505.006: MassHealth Limited;

#### 130 CMR 505.006: MassHealth Limited

...

(B) Eligibility Requirements.

(1) MassHealth Limited is available to the following:

...

(b) nonqualified PRUCOLs as described in 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs) who are

...

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;

#### 130 CMR 450.105: Coverage Types

A member is eligible for services and benefits according to the member's coverage type.

...

(F) MassHealth Limited

(1) Covered Services. For MassHealth Limited members (see 130 CMR 505.006:

MassHealth Limited and 130 CMR 519.009: MassHealth Limited), the MassHealth agency pays only for the treatment of a medical condition (including labor and delivery) that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in

- (a) placing the member's health in serious jeopardy;
- (b) serious impairment to bodily functions; or
- (c) serious dysfunction of any bodily organ or part.

As explained above, appellant meets all financial and immigration eligibility requirements to receive MassHealth Limited. I find no error in MassHealth approving appellant for coverage under MassHealth Limited.

As appellant has not met his burden, the appeal is 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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

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