

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2413700
Decision Date:	11/22/2024	Hearing Date:	10/09/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Patricia Donovan, Quincy 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; Immigration Status
Decision Date:	11/22/2024	Hearing Date:	10/09/2024
MassHealth's Rep.:	Patricia Donovan	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	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

Through a notice dated August 27, 2024, MassHealth downgraded the Appellant from MassHealth Family Assistance to MassHealth Limited; the notice stated that the Appellant did not qualify for more MassHealth benefits because she did not meet citizenship and immigration requirements. 130 CMR 504.000 and Exhibit 1. The Appellant filed this appeal in a timely manner on September 3, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of benefits is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded the Appellant from MassHealth Family Assistance to MassHealth Limited.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant does not qualify for more comprehensive benefits than MassHealth Limited.

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 one. The MassHealth representative testified that the Appellant's income is 74.68% of the federal poverty level. The MassHealth representative testified that the Appellant received MassHealth Family Assistance in 2023 and had 90 days to provide the requested immigration verifications; she did not do so. The MassHealth representative testified that the Appellant was not eligible for more comprehensive benefits because the Appellant is a noncitizen.

The Appellant testified through an interpreter and verified her identity. The Appellant testified that she wanted to continue to receive the same MassHealth benefit. The Appellant testified that she is not pregnant. In response to questions from the hearing officer, no evidence was presented that the Appellant is a U.S. citizen or falls into an immigrant category other than "other noncitizen" under 130 CMR 504.003.

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 one and her income is 74.68% of the federal poverty level. Testimony.
3. The Appellant is not pregnant and is not a U.S. citizen. Testimony.
4. The Appellant is an "other noncitizen" under 130 CMR 504.003(D). Testimony.

Analysis and Conclusions of Law

As relevant here, MassHealth regulations provide:

504.003: Immigrants

(D) Other Noncitizens. Noncitizens whose status is not described in 130 CMR 504.003(A) through (C), are considered other noncitizens. The applicable coverage types for other noncitizens are listed in 130 CMR 504.006.

130 CMR 504.003(D).

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)*.

(C) Nonqualified PRUCOLs may receive the following:

(1) MassHealth Standard if they are pregnant and meet the categorical requirements and financial standards as described in 130 CMR 505.002: *MassHealth Standard*;

(2) MassHealth CommonHealth, if they are younger than 19 years old or a young adult 19 or 20 years of age 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, young adults 19 and 20 years of age, adults 21 through 64 years of age and meet the categorical requirements and financial standards as described in 130 CMR 505.005: *MassHealth Family Assistance*, or are receiving EAEDC;

(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*; 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)*.

(D) Other noncitizens may receive the following coverage:

- (1) MassHealth Standard, if they are pregnant and meet the categorical requirements and financial standards as described in 130 CMR 505.002: *MassHealth Standard*;
- (2) MassHealth Limited, if they meet the categorical requirements and financial standards as described in 130 CMR 505.006: *MassHealth Limited*; and
- (3) 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.

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 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 and 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;

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

(c) qualified noncitizens barred, as described in 130 CMR 504.003(A)(2):

Qualified Noncitizens Barred, and nonqualified individuals lawfully present, as described in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present* who are

1. adults, including parents and caretaker relatives, 21 through 64 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL;

2. 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;

3. parents and caretakers who are 21 through 64 years old who are receiving EAEDC; and

4. adults 21 through 64 years old who are receiving EAEDC.

(2) Nonqualified PRUCOLs eligible for MassHealth Limited in 130 CMR 505.006(B)(1)(b) and qualified noncitizens barred and nonqualified individuals lawfully present eligible for MassHealth Limited in 130 CMR 505.006(B)(1)(c) may also be eligible for MassHealth CommonHealth if they meet the categorical and financial requirements in 130 CMR 505.004 or MassHealth Family Assistance if they meet the categorical and financial requirements in 130 CMR 505.005.

(3) Persons eligible for MassHealth Limited coverage are eligible for medical benefits as described in 130 CMR 450.105(F): *MassHealth Limited*. These individuals are eligible for medical benefits under MassHealth Limited only to the extent that such benefits are not covered by their health insurance.

(C) Use of Potential Health Insurance Benefits. All individuals who meet the requirements of 130 CMR 505.006 must use potential health insurance benefits in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay

without access to health insurance. Members must access those other health insurance benefits and must show both their private health insurance card and their MassHealth card to providers at the time services are provided.

(D) Medical Coverage Date.

- (1) The medical coverage date for MassHealth Limited is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.006(D)(2).
- (2) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.

(E) Referral to Children's Medical Security Plan. MassHealth submits the names of children who are eligible for MassHealth Limited coverage to the Children's Medical Security Plan.

130 CMR 505.006.

450.105: Coverage Types

A member is eligible for services and benefits according to the member's coverage type. Each coverage type is described below. Payment for the covered services listed in 130 CMR 450.105 is subject to all conditions and restrictions of MassHealth, including all applicable prerequisites for payment. See individual program regulations for information on covered services and specific service limitations, including age restrictions applicable to certain services.

....

(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.
- (2) Organ Transplants. Pursuant to 42 U.S.C. 1396b(v)(2), the MassHealth agency does not pay for an organ transplant procedure, or for care and services related to that procedure, for MassHealth Limited members, regardless of whether such procedure would otherwise meet the requirements of 130 CMR 450.105(F)(1).
- (3) Managed Care Member Participation. MassHealth Limited members are excluded from participation in managed care pursuant to 130 CMR 508.002: *MassHealth Members Excluded from Participation in Managed Care*. 130 CMR 504.006

130 CMR 450.150(F).

Here, based on the information and testimony presented at the hearing, the Appellant is an adult,

who is an “other noncitizen” as described in 130 CMR 504.003(D), and the Appellant is not pregnant. Accordingly, MassHealth did not err in determining that the Appellant is only eligible for MassHealth Limited. 130 CMR 504.006(D)(2).

Therefore, 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.

Emily Sabo
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Tosin Adebiyi, Appeals Coordinator, 100 Hancock Street, Quincy, MA 02171