

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416902
Decision Date:	12/10/2024	Hearing Date:	12/04/2024
Hearing Officer:	Christopher Jones		

Appearance for Appellant:



Interpreter:



Appearance for MassHealth:

Ricardo Nunez Soto – Charlestown



*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 – over 65; Immigration Status
Decision Date:	12/10/2024	Hearing Date:	12/04/2024
MassHealth’s Rep.:	Ricardo Nunez Soto	Appellant’s Reps.:	
Hearing Location:	Telephonic	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 September 13, 2024, MassHealth denied the appellant's application for MassHealth benefits because the appellant had more assets than benefits allow. (Exhibit 1; 130 CMR 520.003-520.004.) The appellant filed this appeal in a timely manner on November 2, 2024. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant’s application for MassHealth over-65 benefits because the appellant and his spouse have assets in excess of \$3,000.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 519.005 and 519.009, in determining that the appellant is ineligible for MassHealth Limited due to assets.

Summary of Evidence

MassHealth's representative appeared at the hearing and testified that the appellant and his spouse are a household of two and both are over the age of 65. MassHealth's representative testified that the appellant's household is covered by Health Safety Net. During their annual renewal, they verified their income is below the federal poverty level, but MassHealth found a bank account in the appellant's name showing over \$11,000 in it. The appellant's spouse testified that they did not have this money in their bank account, and MassHealth's representative testified that they just needed to submit a bank statement then to verify their current assets were below \$3,000 in order to be eligible for MassHealth Standard.

The appellant also confirmed that neither of them have legal authorization to be in the country, and MassHealth's representative changed his testimony to state that they would only be eligible for MassHealth Limited if they verified their assets were below \$3,000.¹ The appellant did not have any unpaid medical expenses yet, but the appellant's spouse was looking to have surgery due to pain in her leg. She was told to contact the Health Safety Net and MassHealth's customer service to ask whether the surgery would be covered under either Health Safety Net or MassHealth Limited. MassHealth's representative testified that he did not believe MassHealth Limited covered any services that were not already covered by Health Safety Net.

Findings of Fact

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

- 1) The appellant has a household of two. Both spouses are over the age of 65 and have income below the federal poverty level. (Testimony by MassHealth's representative.)
- 2) Neither spouse has a current immigration authorization. (Testimony by the appellant and his spouse.)
- 3) On or around September 13, 2024, the appellant's household completed their annual renewal verifying that their income was below the federal poverty level. However, MassHealth's computer system found a bank account in the appellant's name that held \$11,000. (Testimony by MassHealth's representative.)

Analysis and Conclusions of Law

MassHealth members must establish financial eligibility, which includes showing that their assets are below a threshold, or that they reduced their assets in accordance with state and federal law.

¹ MassHealth's representative acknowledged that his computer system was down, so he was not able to look at the appellant's case during the appeal.

(See 130 CMR 520.000.) An applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001(B).) If the requested verifications are received within 30 days, “the application is considered complete” and MassHealth continues to “determine the coverage type ... for which the applicant is eligible.” (130 CMR 516.001(C).) MassHealth may deny an application where the member has failed to provide requested information within 30 days. (130 CMR 516.001(C).) If some, but not all, of the requested information is received within 30 days of the denial, MassHealth deems the date of receipt to be the date of reapplication, and the agency will send out a new verification request. If a MassHealth member fails to cooperate with MassHealth and submit the documentation requested, MassHealth will deny the member’s application. (See 130 CMR 515.008(C).)

MassHealth offers a variety of coverage types based upon an individual’s circumstances and finances. Immigration status is one factor for determining eligibility. MassHealth categorizes immigrants as: “Lawfully Present”; “Protected Noncitizens ... who were receiving medical assistance or CommonHealth on June 30, 1997”; “Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs),” who are individuals that have a case being tracked by the Department of Homeland Security, such as noncitizens granted Deferred Action for Childhood Arrivals; and “Other Noncitizens.” (130 CMR 518.003.)

The appellant’s only immigration category is as an “Other Noncitizen.” “Other noncitizens 65 years of age or older may receive only MassHealth Limited if they meet the eligibility requirements in 130 CMR 519.009: *MassHealth Limited*.” (130 CMR 518.006(D).) “MassHealth Limited is available to community residents 65 years of age or older meeting **the financial and categorical requirements of MassHealth Standard coverage** as described at 130 CMR 519.005(A) and (B)” (130 CMR 519.009(A)(1).) The financial requirements for MassHealth Standard are income below the federal poverty level and “countable assets ... of a married couple living together are \$3,000 or less.” (130 CMR 519.005(A).)

The appellant may only be eligible for MassHealth Limited based upon his immigration status. Further, the appellant needs to verify their assets are below \$3,000 to be eligible for MassHealth Limited. The appellant may verify this at any time. For this reason, this appeal is DENIED.

It is worth noting that covered services under MassHealth Limited are not comprehensive.

MassHealth ... 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.

(130 CMR 450.105(F)(1).)

MassHealth Limited does not cover organ transplants, and Limited members may not enroll in MassHealth sponsored managed care plans. (130 CMR 450.105(F)(2)-(3).)

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.

Christopher Jones
Hearing Officer
Board of Hearings

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129