

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504211
Decision Date:	5/15/2025	Hearing Date:	04/14/2025
Hearing Officer:	Christopher Jones		

Appearances for Appellant:




Appearance for MassHealth:

Jennifer Duffy - Tewksbury HCR



*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; Income; Immigration
Decision Date:	5/15/2025	Hearing Date:	04/14/2025
MassHealth’s Rep.:	Jennifer Duffy	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 February 24, 2025, MassHealth terminated the appellant’s MassHealth benefits, effective March 10, 2025, because “MassHealth got information from available state or federal data sources that affect the [appellant’s] eligibility” (130 CMR 502.007(C)(3).) The appellant filed this appeal in a timely manner on March 13, 2025. (Exhibit 2; 130 CMR 610.015(B).) Termination and denial of assistance are valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth terminated the appellant’s MassHealth Family Assistance benefits because the appellant failed to return a job update form in a timely manner.

Issue

The appeal issues are whether MassHealth was correct, pursuant to 130 CMR 502.007, in terminating the appellant’s benefits, and whether the appellant is currently eligible for MassHealth benefits pursuant to 130 CMR 505.000 and 506.000.

Summary of Evidence

MassHealth's representative testified that on January 17, 2025, a job update form was mailed to the appellant. It was due back on February 16, 2025. It was not received. MassHealth terminated the appellant's Family Assistance coverage through a notice dated February 24, 2025. On March 13, 2025, the appellant returned a job update form. The appellant verified his income on March 18, 2025, as \$1,265.21 bi-weekly. MassHealth's representative testified that the federal poverty level for an individual in 2025 is \$1,305. The appellant's income was equivalent to 205% of the federal poverty level for an individual. The appellant was approved for a Health Connector plan with partial Health Safety Net.

The appellant testified that he has a work authorization visa. The appellant applied for legal permanent residence in [REDACTED] but his application is still pending. MassHealth's representative testified that the appellant's immigration status makes him a "nonqualified individual lawfully present." The appellant is disabled because he is on kidney dialysis. MassHealth's representative testified that the appellant's immigration status prevents his eligibility for CommonHealth benefits, which would allow him to be eligible for MassHealth regardless of his income. MassHealth's representative confirmed that the Family Assistance benefit for disabled nonqualified individuals lawfully present is only available for individuals over the age of [REDACTED] with income at or below the federal poverty level.

The appellant's representative works for a non-profit organization that provides care coordination assistance to MassHealth members. The appellant had a difficult time coordinating his dialysis and medical care on his own. The appellant wants to stay on MassHealth to keep working with the care coordination organization. The appellant's care coordinator testified that the program is only available for individuals covered by MassHealth benefits. The appellant testified that he is now working 24 hours per week, earning \$18 per hour. The parties agreed that this gross monthly income is still over the federal poverty level.

Findings of Fact

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

- 1) The appellant had been covered by MassHealth Family Assistance for disabled adults who are nonqualified individuals lawfully present. MassHealth requested that he verify his employment on January 17, 2025. MassHealth terminated the appellant's benefits, effective March 10, 2025, when he did not return the job update form. (Testimony by MassHealth's representative; Exhibit 1.)
- 2) After the termination, the appellant completed a job update form and verified his employment income. The appellant has a household of one. The appellant earns \$18 per

hour, and he works 24 hours per week. (Testimony by MassHealth's representative and the appellant.)

- 3) The appellant has a valid work authorization visa. The appellant is disabled due to kidney failure requiring dialysis. (Testimony by MassHealth's representative; testimony by the appellant.)
- 4) The federal poverty level is \$1,305 per month. (Testimony by MassHealth's representative.)

Analysis and Conclusions of Law

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold. A preliminary step in determining an individual's eligibility for MassHealth coverage, is determining their immigration status. MassHealth categorizes individuals as: "Lawfully Present Immigrants," who may be "Qualified Noncitizens," "Qualified Noncitizens Barred," or "Nonqualified Individuals Lawfully Present"; "Protected Noncitizens ... who were receiving medical assistance ... 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 504.003.)

The "Nonqualified Individuals Lawfully Present" category includes "individuals lawfully present" on a "a valid nonimmigrant status." This includes those who are "granted employment authorization under 8 CFR 274a.12(c)" (130 CMR 504.003(A)(3)3.) Nonqualified individuals lawfully present are eligible for MassHealth Family Assistance "if they are children younger than [REDACTED] years old, disabled adults [REDACTED] years of age and meet the categorical requirements and financial standards as described in 130 CMR 505.005: *MassHealth Family Assistance* or adults [REDACTED] years of age who are receiving EAEDC." (130 CMR 504.006(B)(3).) MassHealth Standard coverage is only available for nonqualified individuals lawfully present if they are under the age of [REDACTED] or pregnant. (130 CMR 504.006(B)(1).)

To be categorically and financially eligible for Family Assistance under 130 CMR 505.005, an individual be "totally and permanently disabled," "younger than [REDACTED] years old," "ineligible for MassHealth Standard or MassHealth CommonHealth," have a "modified adjusted gross income ... at or below 100% of the FPL," and be "a qualified noncitizen barred ... , nonqualified individual lawfully present ... , or a nonqualified PRUCOL" (130 CMR 505.005(F)(1).) Nonqualified individuals lawfully present may also be eligible for MassHealth Limited with income less than 133% of the federal poverty level. (130 CMR 505.006(B)(1)(c).)

Modified adjusted gross income ("MAGI") includes

(1) Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.

(2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.

(130 CMR 506.003(A)(1)-(2).) Monthly income is derived by multiplying average weekly income by 4.333, and “[f]ive percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.” (130 CMR 506.007(A).) Five percent of the FPL is \$65.25.

MassHealth also regularly reviews members’ continued eligibility for benefits. Periodically, MassHealth matches members’ information with other agencies and information sources as described in 130 CMR 502.004 to update or verify eligibility. (130 CMR 502.007(C)(3).) “If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, [MassHealth] will notify the member of the information that was received ... and require the member to respond within 30 days of the date of the notice.”¹ (130 CMR 502.007(C)(3)(a).) If a member responds within 30 days with new information, MassHealth will use the provided verifications to make a new determination, otherwise, MassHealth uses the data received from the electronic data match. (130 CMR 502.007(C)(3)(a)(1)-(3).)

There is no dispute that MassHealth did not receive the appellant’s job update form in a timely manner. Therefore, the original termination of coverage was correct, and this appeal is DENIED with regards to the original termination notice.

Furthermore, the appellant continues to be ineligible for MassHealth benefits. The appellant’s residency in this country is based upon his employment authorization. This categorizes the appellant as a nonqualified individual lawfully present. The appellant’s gross income is currently \$432 per week. This results in a countable MAGI of \$1,806.61, which is 138.4% of the federal poverty level.² Because the appellant’s income is over 133% of the federal poverty level, he is ineligible for either Family Assistance or Limited coverage as a nonqualified individual lawfully present. This appeal is DENIED.

¹ Under other circumstances, members are given 90 days to verify eligibility factors. (See 130 CMR 502.001(B).)

² $\$432 \times 4.333 = \$1,871.85 - \$65.25 = \$1,806.60 / \$1,305 = 138.4\%$

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: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957