

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |                |                       |            |
|-------------------------|----------------|-----------------------|------------|
| <b>Appeal Decision:</b> | DENIED         | <b>Appeal Number:</b> | 2417865    |
| <b>Decision Date:</b>   | 1/15/2025      | <b>Hearing Date:</b>  | 01/09/2025 |
| <b>Hearing Officer:</b> | Sharon Dehmand |                       |            |

**Appearance for Appellant:**  
Pro se;



**Appearance for MassHealth:**  
Lisa Duffney, Springfield 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

|                           |              |                          |  |
|---------------------------|--------------|--------------------------|--|
| <b>Appeal Decision:</b>   | DENIED       | <b>Issue:</b>            | Community Eligibility<br>– under 65;<br>Immigration status |
| <b>Decision Date:</b>     | 1/15/2025    | <b>Hearing Date:</b>     | 01/09/2025   |
| <b>MassHealth's Rep.:</b> | Lisa Duffney | <b>Appellant's Rep.:</b> | Pro se;<br>[REDACTED]                                      |
| <b>Hearing Location:</b>  | Remote       | <b>Aid Pending:</b>      | 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 October 29, 2024, MassHealth downgraded the appellant from MassHealth Family Assistance to MassHealth Limited because MassHealth determined that the appellant's citizenship and immigration status changed. See 130 CMR 504.000 and Exhibit 1. The appellant filed this appeal in a timely manner on November 20, 2024. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place. Challenging agency determinations regarding scope and amount of assistance is valid grounds for appeal to the Board of Hearings. See 130 CMR 610.032(A)(5).

### Action Taken by MassHealth

MassHealth downgraded the appellant's coverage from MassHealth Family Assistance to MassHealth Limited.

### Issue

Whether MassHealth was correct in determining that the appellant does not qualify for more

comprehensive benefits than MassHealth Limited. See 130 CMR 504.003; 130 CMR 505.006.

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Springfield MassHealth Enrollment Center. The appellant appeared with her spouse and verified her identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant was receiving MassHealth Family Assistance since February 6, 2023, due to her PRUCOL (Persons Residing Under Color of Law) status, which provides the best coverage pending the determination of immigration status. On September 27, 2024, MassHealth requested proof of immigration status, and the appellant provided her permanent residency card, showing that she became a permanent resident on [REDACTED] 2024. The MassHealth representative stated that the appellant's coverage was downgraded due to the five-year bar, explaining that she must be a permanent resident for five years before qualifying for better benefits.

The appellant's spouse stated that MassHealth Limited does not provide coverage for dental services. He added that he is unemployed and cannot afford the premium for a dental plan for the appellant. He expressed frustration that the appellant received better coverage while not having permanent residency but now receives less coverage.

In response, the MassHealth representative explained that since MassHealth cannot predict a person's eventual immigration status, it provides the best possible coverage until the person's immigration status is determined.

## 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 and 65. (Testimony and Exhibit 4).
2. The appellant had MassHealth Family Assistance since February 6, 2023, due to her PRUCOL status. (Testimony).
3. The appellant became a permanent resident on January 29, 2024. (Testimony).
4. Through a notice dated October 29, 2024, MassHealth downgraded the appellant from MassHealth Family Assistance to MassHealth Limited because MassHealth determined that the appellant's citizenship and immigration status changed. (Testimony and Exhibit 1).

5. The appellant filed this appeal in a timely manner on November 20, 2024. (Exhibit 2).
6. Aid pending protection was put in place. (Testimony and Exhibit 4).
7. The appellant has been a permanent resident for less than five years. (Testimony).

## **Analysis and Conclusions of Law**

At the outset, it should be noted that certain noncitizens may qualify for MassHealth benefits, depending on their legal status. MassHealth's regulations regarding citizenship and immigration can be found at 130 CMR 504.000, and specific requirements for immigrants are codified at 130 CMR 504.003.

The MassHealth regulations at 130 CMR 504.003 detail the circumstances in which these applicants may receive benefits. Regarding sections relevant to this appeal, "Lawfully Present Immigrants" such as the appellant are subdivided into three categories: Qualified Noncitizens, Qualified Noncitizens Barred, and Nonqualified Individuals Lawfully Present. See 130 CMR 504.003(A)(1), (2), and (3).

"Qualified Noncitizens" fall into two categories; the first category is considered "qualified regardless of when they entered the U.S. or how long they had a qualified status." See 130 CMR 504.003(A)(1)(a). A list of such persons can be found at 130 CMR 504.003(A)(1)(a)(1)-(12) and include persons such asylees, refugees, and victims of human trafficking. The second category includes individuals who have been admitted for legal permanent residence but requires that such persons have either possessed such status for five or more years, have been in the U.S. since 1996, or also have a status listed in the first category. See 130 CMR 504.003(A)(1)(b).

"Qualified Noncitizens Barred" are individuals who have a status listed at 130 CMR 504.003(A)(1)(b)1. (Legal Permanent Resident, parolee for at least one year, or battered noncitizen) and do not meet one of the conditions in 130 CMR 504.003(A)(1)(b)2. Qualified noncitizens barred, like qualified noncitizens, are lawfully present nonqualified individuals. See 130 CMR 504.003(A)(2).

Here, both parties agreed that the appellant became a permanent resident on [REDACTED] 2024. Thus, she has had this status for less than five years. As such, she is considered a qualified noncitizen barred. See id.

Qualified noncitizens barred are eligible for MassHealth Limited coverage if they meet both the categorical requirements and financial standards for MassHealth benefits. See generally 130 CMR 505.006.

MassHealth regulations at 130 CMR 505.006(B)(1)(c), sets forth the categorical requirements and financial standards for MassHealth Limited as follows:

- (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.

In this case, the appellant is a qualified noncitizen barred because she has been a permanent resident for less than five years. She is between the ages of 21 to 65 with no income. As such, MassHealth correctly downgraded her MassHealth coverage to MassHealth Limited.

For the foregoing reasons, the appeal is hereby DENIED.

## **Order for MassHealth**


Remove aid pending protection.

## **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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Sharon Dehmand, Esquire  
Hearing Officer  
Board of Hearings



MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88  
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