

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418373
Decision Date:	2/26/2025	Hearing Date:	01/09/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jenna Cullivan, Quincy, 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

Appeal Decision:	Denied	Issue:	Community Eligibility- Under 65; Immigration Status
Decision Date:	2/26/2025	Hearing Date:	01/09/2025
MassHealth's Rep.:	Jenna Cullivan	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, Remote	Aid Pending:	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 11/21/24, MassHealth informed Appellant that his benefit was being downgraded from Family Assistance to Limited due to a change in immigration status. *See* Exh. 1. Appellant filed a timely appeal on 12/2/24. *See* Exh. 2 and 130 CMR 610.015(B). Terminating a benefit and/or limiting the scope of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded Appellant's MassHealth coverage type from Family Assistance to Limited due to a change in his immigration status.

Issue

The issue on appeal is whether MassHealth correctly sought to change Appellant's benefit from Family Assistance to Limited due to a change in immigration status.

Summary of Evidence

A MassHealth representative appeared at hearing and presented the following testimony: Appellant is an adult between the ages of [REDACTED] and is in a household size of one. He does not have a verified disability on file. In September 2023, Appellant applied for MassHealth benefits. He reported that he did have an immigration status and provided a copy of his unexpired foreign passport, but did not submit any additional verification of immigration status at that time. He was deemed a “nonqualified person residing under the color of law” (PRUCOL). Based on his income, which was under 133% of the federal poverty level (FPL), as well as being a nonqualified PRUCOL, Appellant was approved for MassHealth Family Assistance effective 8/22/23.

On 9/26/24, Appellant completed an annual renewal in which he reported the same immigration status. In addition to providing a copy of his unexpired foreign passport, Appellant also provided MassHealth with a B1/B2 VISA that was valid through January 2027. Because of the VISA Appellant’s immigration status changed to a “non-qualified individual lawfully present.” The change in immigration status triggered MassHealth to generate a notice dated 11/21/24, which informed Appellant that his Family Assistance benefit would be downgraded to Limited due to a change in circumstances and that he would no longer receive Family Assistance effective 12/5/24. See Exh. 1. As of the renewal and hearing date, Appellant had a verified household income at 0.00% of the FPL. Because Appellant appealed the 11/21/24 notice, his Family Assistance benefit is being protected throughout the pendency of this appeal.

Appellant appeared at hearing and testified that on 11/3/24, he tore 3 ligaments in his knee. He is currently doing physical therapy (PT), and his doctor wants to perform surgery to repair and reconnect the ligaments. Prior to hearing, Appellant submitted medical records detailing his condition and ongoing PT services. See Exh. 4. The only way he can proceed with this treatment is by staying on Family Assistance. He spoke with his doctor, who confirmed that the treatment would not be covered under MassHealth Limited. Because of his injury, he has stopped studying until he can get better. It has also rendered him unable to work and therefore he cannot pay for the medical treatment without insurance.

Findings of Fact

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

1. Appellant is an adult between the ages of [REDACTED] and is in a household size of one with no verified disability status on file.
2. In September of 2023, Appellant was initially approved for MassHealth Family Assistance as a nonqualified PRUCOL.

3. On 9/26/24, Appellant initiated an annual renewal through which he provided MassHealth with verification of his unexpired foreign passport and a B1/B2 VISA that was valid through January 2027.
4. Based on the verifications provided, including the newly received VISA, MassHealth updated Appellant's immigration status to reflect that he is a non-qualified individual lawfully present.
5. On 11/21/24, MassHealth notified Appellant that his Family Assistance benefit would be downgraded to Limited due to a change in immigration status, effective 12/5/24.
6. Appellant has a household income that places him at 0.00% of the FPL.

Analysis and Conclusions of Law

This appeal addresses whether MassHealth appropriately downgraded Appellant's coverage type from Family Assistance to Limited due to a change in his immigration status. MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults [REDACTED] years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance for adults or young adults
- (6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

See 130 CMR 505.001(A)

To establish eligibility one of the aforementioned coverage types, individuals must meet all applicable categorical *and* financial requirements. It is the member's/applicant's responsibility to

provide verification of all eligibility factors including income, residency, citizenship, immigration status, and identity. See 130 CMR 502.003. The evidence indicates that Appellant has an immigration status of “Nonqualified Individual Lawfully Present” (“ILP”) as defined in 130 CMR 504.003(A)(3). Nonqualified ILP’s are not defined as “qualified” under 8 U.S.C. 1641,¹ but are lawfully present, and include individuals that have a valid nonimmigrant status otherwise defined in 8 U.S.C. §1101(a)(15) or otherwise under immigration laws (as defined in 8 U.S.C. 1101(a)(17)). See 130 CMR 504.003(A)(3). This includes individuals with a valid nonimmigrant VISA such as B1/B2 (tourism and work), J1 (exchange), or F1 (student) VISAs, or employment authorization documentation (I-766). Although Appellant was initially classified as a nonqualified PRUCOL in September 2023, he was appropriately reclassified as a nonqualified ILP after he provided MassHealth with verification of his B1/B2 VISA during his most recent renewal.²

According to program regulations, qualified noncitizens barred and nonqualified ILPs, such as Appellant, may receive the following MassHealth coverage types, subject to meeting the applicable financial and categorical requirements described therein:

- (1) MassHealth Standard, if they are younger than [REDACTED] years old, young adults [REDACTED] and [REDACTED] 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 [REDACTED] years of age, and children younger than [REDACTED] and young adults [REDACTED] years of age who are receiving EAEDC.
- (2) MassHealth CommonHealth, if they are younger than [REDACTED] 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 [REDACTED] disabled adults [REDACTED] years of age and meet the categorical requirements and financial standards as described in 130 CMR 505.005...**
- (4) MassHealth Limited, if they are adults [REDACTED] years of age and meet the categorical requirements and financial standards as described in 130 CMR 505.006: MassHealth Limited; and**

¹ 8 U.S.C. 1641 refers to the benefits that qualified aliens may be eligible for under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA).

² It is unclear what prompted MassHealth to initially designate Appellant under a non-qualified PRUCOL status. Regardless, MassHealth has acknowledged that applicants or members who are eligible for MassHealth benefits based on PRUCOL status may eventually qualify either for an upgrade or downgrade, based on a later decision from USCIS or the Immigration Court. In cases where MassHealth “receives verification of an upgraded or downgraded immigration status, the worker must ensure that all information is updated accurately to provide the appropriate benefit to the member.” See MassHealth Eligibility Operations Memo 22-04, p. 3 (February 2022).

(5) Children's Medical Security Plan, if they are children younger than [REDACTED] and meet the categorical requirements and financial standards as described in 130 CMR 522.004: Children's Medical Security Plan (CMSP);

The evidence shows that because Appellant is below 133% of the FPL, he is *financially* eligible for both Family Assistance and Limited, as described in subsections (3) and (4) above. However, as an adult between the ages of [REDACTED] with no verified disability, Appellant is *categorically* ineligible for Family Assistance. *Id.* MassHealth correctly determined that the next most comprehensive coverage type for which Appellant is eligible is MassHealth Limited. Appellant did not meet his burden of proof in demonstrating that the 11/21/24 eligibility determination was incorrect.

Based on the foregoing, this 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.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171