

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2501708
<b>Decision Date:</b>	04/22/2025	<b>Hearing Date:</b>	03/07/2025
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Melanie Hebert-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>	Eligibility; Under 65; Downgrade; Immigration Status
<b>Decision Date:</b>	04/22/2025	<b>Hearing Date:</b>	03/07/2025
<b>MassHealth's Rep.:</b>	Melanie Hebert	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Room 1 (Remote)	<b>Aid Pending:</b>	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 January 28, 2025, MassHealth notified the appellant that her benefits were being downgraded from Family Assistance to Limited beginning after February 28, 2025, because of a change in her circumstances. (Exhibit 1). The appellant filed this appeal in a timely manner on January 28, 2025. (130 CMR 610.015(B); Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified the appellant that her benefits were being downgraded from Family Assistance to Limited because of a change in her circumstances.

## Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's benefits from Family Assistance to Limited.

## Summary of Evidence

The MassHealth representative and the appellant's representative both appeared at the hearing telephonically. The record establishes the following: The appellant is a joint tax filer, and she resides in a household of 4 with her spouse and 2 minor children with 0 household income listed on file. The appellant previously received Family Assistance benefits based on her self-declared immigration status as a non-qualified PRUCOL. On January 18, 2025, MassHealth's computer system generated a systematic update, which updated the appellant's immigration status to a qualified alien barred. The MassHealth representative explained that a qualified alien barred means that the appellant obtained a legal permanent resident card and has not been a resident for 5 years from the status award date of December 16, 2023. On January 18, 2025, the appellant's benefits were downgraded from Family Assistance to Limited. (Exhibit 1). The appellant is also eligible to receive a ConnectorCare plan through the Health Connector. *Id.*

The appellant's representative stated that MassHealth's January 18, 2025 downgrade notice is not logical because the appellant received her legal permanent resident card in December 2023, and she received Family Assistance benefits throughout all of 2024. He stated that the appellant should receive additional coverage after receiving her legal permanent resident card, not less coverage. He stated that he reported the appellant's immigration status immediately to MassHealth in December 2023. The appellant's representative testified that because the appellant is part of his household, he does not understand why her benefits were downgraded after she received her legal permanent resident card. He stated that the appellant received Family Assistance benefits last year and remains part of his household. He stated that he could understand if the appellant was a household of 1, however, she is part of his household as a family size of 4.

The MassHealth representative explained that MassHealth had a different immigration status on file for the appellant last year. She confirmed that MassHealth still considers the appellant as part of the household and that MassHealth considers the family size and household income when determining eligibility. She stated that MassHealth also looks at individual circumstances. She acknowledged that it can be confusing when family members of the same household receive different MassHealth benefits. In this case, the issue is the appellant's immigration status, which is different from her spouse's and children's immigration statuses. She stated that based on the appellant's current immigration status, she is receiving the correct benefit at this time. However, if the appellant's immigration status changes, the MassHealth representative suggested that she contact MassHealth so that it can redetermine her eligibility.

The MassHealth representative stated that it appeared that the appellant enrolled in a

ConnectorCare plan, effective February 1, 2025. She suggested that the appellant contact the Health Connector with any questions regarding her ConnectorCare plan. The appellant's representative stated that he already spoke with the Health Connector and was told that the appellant would not receive dental insurance with her plan. He added that the reason for this appeal was to clarify the reason that MassHealth downgraded the appellant's benefits.

## **Findings of Fact**

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

1. The appellant is under the age of 65, in a household size of 4, with no monthly income.
2. Sometime prior to January 18, 2025, the appellant contacted MassHealth and self-declared her immigration status as a non-qualified PRUCOL.
3. On or about December 16, 2023, the appellant received her legal permanent resident card.
4. On January 18, 2025, MassHealth ran a systematic update which updated the appellant's immigration status to a qualified alien barred.
5. On January 18, 2025, MassHealth sent the appellant a downgrade notice, notifying her that her benefits would be downgraded from Family Assistance to Limited after February 28, 2025. The notice further stated that the appellant is eligible for a ConnectorCare plan through the Health Connector.
6. As of February 1, 2025, the appellant has been enrolled in a ConnectorCare plan through the Health Connector.
7. The appellant timely appealed this MassHealth action.

## **Analysis and Conclusions of Law**

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

(1) Standard for pregnant women, children, parents and caretaker relatives, young adults<sup>1</sup>, 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);

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults 21 through 64 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 who
  - (a) work for small employers;
  - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
  - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
  - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (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.

The appellant has been a legal permanent resident since 2023 and has verified this status to MassHealth. As such, the appellant is a lawfully present immigrant, and, more specifically, is considered a qualified noncitizen barred (130 CMR 504.003(A)(2)).<sup>2</sup>

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

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<sup>2</sup> 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.

than 19 years old and young adults aged 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*; (emphasis added)**

(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)*.

MassHealth has determined that the appellant meets the categorical and financial requirements for MassHealth Limited coverage, and the appellant has not presented any evidence that would support an upgrade in coverage.

The appeal is denied.<sup>3</sup>

## Order for MassHealth

None.

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<sup>3</sup> The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL ([1-877-623-6765](tel:1-877-623-6765)).

## 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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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

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MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186