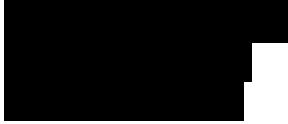


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501955
Decision Date:	04/25/2025	Hearing Date:	03/06/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Margaret Anoje, Springfield MEC

Interpreter:



*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:	Eligibility; Immigration Status
Decision Date:	04/25/2025	Hearing Date:	03/06/2025
MassHealth's Rep.:	Margaret Anoje	Appellant's Rep.:	██████
Hearing Location:	Remote (phone)	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 December 6, 2024, MassHealth changed the health benefits for appellant from MassHealth Family Assistance to MassHealth Limited, with a start date of November 26, 2024. (Ex. 1). Appellant filed this appeal in a timely manner on January 30, 2025. (Ex. 2). Restricting assistance is valid grounds for appeal. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth changed appellant's benefit to MassHealth Limited.

Issue

The issue is whether MassHealth was correct to change appellant's benefit to MassHealth Limited.

Summary of Evidence

Appellant, a MassHealth worker (worker) and a Spanish interpreter all appeared at hearing by

phone.¹ The hearing began, all were sworn and documents were marked as evidence. The worker testified that based upon appellant's self-declaration that she had immigration documents, MassHealth gave appellant MassHealth Family Assistance coverage. The worker stated MassHealth verified appellant was awarded a green card on [REDACTED]. When MassHealth received the information on the awarding of the green card, appellant was sent a letter stating she no longer qualified for Family Assistance. The worker stated the reason appellant was no longer qualified for Family Assistance was because appellant needed to have a green card for at least 5 years. I asked the worker appellant's immigration status pursuant to the regulations and the worker stated appellant was a Qualified Noncitizen. The worker stated appellant was income eligible for Limited and the Health Connector. (Testimony).

Appellant stated she has been in the United States for [REDACTED]. She stated she has paid taxes for 40 quarters and received residence based upon domestic violence and was approved for [REDACTED]. She believed she would be eligible for MassHealth. Appellant confirmed she received her green card on [REDACTED] but stated she had work permits for many years. (Testimony).

Findings of Fact

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

1. Based upon appellant's self-declaration that she had immigration documents, MassHealth gave appellant MassHealth Family Assistance coverage. (Testimony).
2. MassHealth verified appellant was awarded a green card on [REDACTED]. (Testimony).
3. After verifying appellant's green card, MassHealth notified appellant she no longer qualified for Family Assistance. (Testimony).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

130 CMR 504.003: Immigrants

¹ Appellant stated she had a limited time for the hearing and did not need the Spanish interpreter. The interpreter remained at the hearing in case appellant her assistance.

(A) Lawfully Present Immigrants. Qualified noncitizens, qualified noncitizens barred, and nonqualified individuals lawfully present are considered lawfully present immigrants. The applicable coverage for qualified noncitizens, qualified noncitizens barred, and nonqualified individuals lawfully present is listed in 130 CMR 504.006.

(1) Qualified Noncitizens. There are two groups of qualified noncitizens:

...

(b) noncitizens who are qualified based on having a qualified status identified in 130 CMR 504.003(A)(1)(b)1 and who have satisfied one of the conditions listed in 130 CMR 504.003(A)(1)(b)2. Such individuals

1. have one or more of the following statuses:

a. admitted for legal permanent residence (LPR) under the Immigration and Nationality Act (INA); or

b. granted parole for at least one year under section 212(d)(5) of the INA; or

c. are the battered spouse, battered child, or child of battered parent or parent of battered child who meets the criteria of section 431(c) of PRWORA; and also

2. satisfy at least one of the three following conditions:

a. they have had a status in 130 CMR 504.003(A)(1)(b)1. for five or more years (a battered noncitizen attains this status when the petition is accepted as establishing a prima facie case);

b. they entered the U.S. prior to August 22, 1996, regardless of status at the time of entry, and have been continuously present in the U.S. until attaining a status listed in 130 CMR 504.003(A)(1)(b)1.; for this purpose an individual is deemed continuously present who has been absent from the U.S. for no more than 30 consecutive days or 90 nonconsecutive days prior to attaining a status listed in 130 CMR 504.003(A)(1)(b)1.; or

c. they also have or had a status listed in 130 CMR 504.003(A)(1)(a).

130 CMR 504.006: Applicable Coverage Types

(A) Citizens, qualified noncitizens, and protected noncitizens may receive MassHealth under any coverage type if they meet the eligibility requirements described in 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types.

Appellant is classified as a Qualified Noncitizen. She must satisfy one of three statuses, and one of three conditions laid down in the regulations to qualify for benefits other than Limited.

There is no proof appellant has met the statuses listed under 504.003 (A) (1) (b) 1. “a” or “b”. The status under section “c” states “are the battered spouse, battered child, or child of battered parent or parent of battered child who meets the criteria of section 431(c) of PRWORA.” Appellant testified she “got residence through domestic violence” but I find this statement alone is lacking specificity to determine if this section “c” status is applicable to appellant.

There is no proof appellant has met any of the three conditions shown in 504.003 (A) (1) (b) 2. Under paragraph 2 “a”, appellant received her green card less than 5 years ago. The statement in this section indicating a battered non-citizen attains this status when the petition is accepted as establishing a prima facie case is inapplicable as appellant has failed to provide sufficient proof she is a battered spouse, battered child or child of a battered parent or parent of battered child who meets the criteria of section 431(c) of PRWORA. Appellant has failed to meet her burden that her immigration status makes her eligible for any coverage other than MassHealth Limited. The 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.

Thomas Doyle
Hearing Officer
Board of Hearings

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