

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2502821
<b>Decision Date:</b>	5/2/2025	<b>Hearing Date:</b>	March 28, 2025
<b>Hearing Officer:</b>	Brook Padgett	<b>Aid Pending:</b>	Yes

**Appellant Representative:**

Pro se

**MassHealth Representative:**

Stacey Ridel, Springfield MEC



***Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171***

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Immigration Status; 130 CMR 504.006
<b>Decision Date:</b>	5/2/2025	<b>Hearing Date:</b>	March 28, 2025
<b>MassHealth Rep.:</b>	S. Ridel	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield		

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

The appellant received a notice dated January 24, 2025, stating: MassHealth is changing your health benefits from MassHealth Family Assistance to MassHealth Limited because of a change in your circumstances. Your new coverage starts on January 14, 2025. The appellant filed this appeal timely on February 18, 2025. (130 CMR 610.015(B); Exhibit 2).<sup>1</sup> The scope of assistance is valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified the appellant of its intent to downgrade her coverage from MassHealth Family Assistance to MassHealth Limited.

### Issue

Did MassHealth correctly determine the appellant's MassHealth eligibility?

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<sup>1</sup> On February 05, 2025, the appellant submitted to MassHealth an employment authorization card (ILP = Nonqualified Citizens Lawfully Present) which generated another approval notice that the appellant is appealing. On February 11, 2025, MassHealth verified by affidavit her Massachusetts residency which generated another approval notice that the appellant is also appealing.

## Summary of Evidence

MassHealth testified that on July 06, 2022 the appellant was approved for MassHealth Family Assistance due to a MassHealth worker error. Although the appellant submitted a tourist visa with her initial application, MassHealth incorrectly validated her immigration status as a Permanent Resident Under the Color of Law (PRUCOL) and approved her for Family Assistance. On January 24, 2025, the appellant's adult sister (who is also the appellant's tax dependent) was included in the appellant's household. The appellant was then determined to be residing in the United States with a visa as a household of three with \$0.00 income and downgraded to MassHealth Limited. MassHealth stated the appellant is also eligible to enroll in a Health Connector plan Type 1.

The appellant testified she is a single mother, living with her daughter and sister. The household has \$0.00 income and no one in the household has work authorization. The appellant stated she entered the country on a B visa (a non-immigrant visa for foreign nationals to enter the U.S. temporarily for business (B-1) or tourism (B-2), or a combination of both (B-1/B-2)). The appellant maintained she is receiving ongoing treatment at Brigham and Women's Faulkner Hospital for the management of a rare autonomic dysfunction. The appellant stated her doctor diagnosed her condition following a reaction to her COVID-19 vaccination and indicated the condition is a subtype of Chronic Inflammatory Demyelinating Polyneuropathy (CIPD) associated with inflammatory small fiber neuropathy. The appellant stated she also has dysautonomia and lymphedema-lipedema and has been receiving intravenous immunoglobulin (IVIG) which has been discontinued due to her loss of MassHealth. The appellant stated she recently changed her visa from a B visa to a student F visa, but considering her health issues and weekly transfusions, she is contemplating withdrawing the student visa and going back to the B visa. The appellant argued she cannot work because she cannot predict how her body will react. Her nervous system is damaged so that she cannot control her heart rate, blood pressure, temperature, and digestive system like a normal healthy person. The appellant submitted into evidence: a letter from Brigham and Women's Faulkner Hospital requesting a visa extension for medical treatment (Exhibit 4); October 21, 2024 communication with her school indicating deferment and enrollment for the Fall of 2025 (Exhibit 5) and Department of Homeland Security I-20, Certificate of Eligibility for Nonimmigrant Student Status (Exhibit 6).

The appellant stated she has a potential disability and has submitted a completed Disability Review form for the Disability Evaluation Service (DES) review. MassHealth responded that if DES determined the appellant is disabled, she would be eligible for Family Assistance based on a verified disability and the current income level.

## Findings of Fact

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

1. On July 06, 2022 the appellant was approved for Family Assistance as a household of two due to a MassHealth worker error. (Testimony).

2. On January 24, 2025, MassHealth added the appellant's adult sister and tax dependent to the appellant's household. (Testimony).
3. The appellant is not a United States citizen. (Exhibit 6 and testimony).
4. The appellant's household has no income. (Testimony)
5. The appellant has been residing in the United States since 2022 and currently has an academic (F) visa. (Exhibit 6).
6. The appellant is a citizen of Iran. (Exhibit 6 and testimony).
7. The appellant was previously receiving treatment at Brigham and Women's Faulkner Hospital for management of rare autonomic dysfunction, a condition diagnosed following her COVID-19 vaccination. (Testimony).

## **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>2</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);
- (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

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<sup>2</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

(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 is not a United States citizen, has not resided in the country for more than 5 years and there is no documentation that she is a qualified alien, a protected alien, or alien with special status. (See 130 CMR 504.003). The appellant is a citizen of Iran who is currently in the United States on a student visa and has verified this status to MassHealth. As such, the appellant is a lawfully present immigrant, and, more specifically, is considered a nonqualified individual lawfully present. (130 CMR 504.003(A)(3)).<sup>3</sup>

Per 130 CMR 505.006(B), 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 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)*.

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<sup>3</sup> Nonqualified individuals lawfully present are not defined as qualified under PRWORA, 8 U.S.C. 1641, but are lawfully present. Nonqualified individuals lawfully present include individuals who, like the appellant, are in a valid nonimmigrant status as 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)). (130 CMR 504.003(A)(3)).

(130 CMR 505.006(B)).

MassHealth has determined that the appellant meets the categorical and financial requirements for MassHealth Limited coverage at 130 CMR 505.006<sup>4</sup>, and the appellant has not presented any evidence that would support an upgrade in coverage. The appellant has not presented evidence that she is a citizen/national, a qualified alien, an alien with special status or that she is permanently residing in the United States under color of law or PRUCOL. Although the appellant did submit evidence that she has a student visa and undergoing medical treatment, this alone does not automatically upgrade her existing immigration status.

MassHealth correctly determined the appellant's eligibility for MassHealth benefits and this appeal is denied. If the appellant obtains DES verification of a disability, she should re-apply for MassHealth benefits at that time.

## Order for MassHealth

None, other than to remove aid pending.

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<sup>4</sup> 130 CMR 505.006 contains the categorical requirements and financial standards for MassHealth Limited coverage for children, young adults, and adults 21 through 64 years old who are parents, caretakers, adults, and disabled adults. The eligibility requirements for nonqualified individuals lawfully present are set forth at 130 CMR 505.006(B)(c), as follows:

(1) MassHealth Limited is available to the following:

(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. (a) other noncitizens as described in 130 CMR 504.003(D): Other Noncitizens who are

## 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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Brook A. Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Springfield MEC