

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503875
Decision Date:	05/29/2025	Hearing Date:	04/10/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Lisa Duffney, 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; Under 65; Immigration
Decision Date:	05/29/2025	Hearing Date:	04/10/2025
MassHealth's Rep.:	Lisa Duffney	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 January 18, 2025, MassHealth changed appellant's benefit from MassHealth Standard to MassHealth Limited. (Ex. 1). Appellant filed this appeal in a timely manner on March 10, 2025. (Ex. 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth changed appellant's benefit from MassHealth Standard to MassHealth Limited.

Issue

Was MassHealth correct in changing appellant's benefit from MassHealth Standard to MassHealth Limited.

Summary of Evidence

Appellant, the MassHealth worker (worker) and the Russian interpreter all appeared by phone. The hearing began, all were sworn and documents marked as evidence. The worker testified to the following: Before the January 18, 2025 notice, appellant [REDACTED] and was classified as a qualified non-citizen barred making her eligible for MassHealth Standard. After a redetermination of appellant was completed, the system recognized appellant is now [REDACTED] and is covered by another regulation, making appellant, as a qualified non-citizen barred, eligible only for MassHealth Limited.

Appellant testified she does not work and does not have any income. The worker stated appellant's age, immigration status and income were all considered when determining appellant was qualified for the Limited benefit.

Findings of Fact

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

1. [REDACTED]. (Testimony; Ex. 4).
2. Appellant is classified as a qualified non-citizen barred. (Testimony).
3. Appellant has zero income. (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).

504.003: Immigrants

(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.

504.006: Applicable Coverage Types

...

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 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; and

(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). **(emphasis added)**.

505.006: MassHealth Limited

...

(B) Eligibility Requirements.

(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.

The issue is whether MassHealth was correct in changing appellant's benefit from MassHealth Standard to MassHealth Limited. Appellant is 21 years of age. She is designated as a qualified non-citizen barred and has zero income. Following the regulations, MassHealth determined appellant was only eligible for MassHealth Limited. The evidence before me shows there was no error by MassHealth in its determination. 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