

**Office of Medicaid
BOARD OF HEARINGS**


Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509201
Decision Date:	10/29/2025	Hearing Date:	09/18/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Elizabeth Nickoson – Taunton HCR

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:	Community Eligibility - under 65; Income; Immigration
Decision Date:	10/29/2025	Hearing Date:	09/18/2025
MassHealth's Rep.:	Elizabeth Nickoson	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 June 2, 2025, MassHealth upgraded the appellant's coverage to Family Assistance benefits. (Exhibit 1; 130 CMR 506.011.) The appellant filed this appeal in a timely manner on June 17, 2025. (Exhibit 2; 130 CMR 610.015(B).) Agency determinations regarding scope of assistance are valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth upgraded the appellant's coverage to Family Assistance benefits based upon her income and immigration status.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 504.006 and 505.005, in determining that the appellant's immigration status limits her eligibility to Family Assistance benefits.

Summary of Evidence

The appellant has resided in the United States for about 25 years, and she remains legally in the country on a work authorization visa. The appellant is under the age of 65, and she has a household size of one. Currently, the appellant's only income is \$1,156 per month in Social Security benefits.

The appellant has a history of serious medical conditions, and she requires assistance with her activities of daily living. The appellant's coverage was upgraded from MassHealth Limited to Family Assistance based upon her being found disabled. The appellant is seeking MassHealth Standard or CommonHealth coverage in order to allow her to get PCA assistance. The appellant's immigration status was confirmed during the appeal, and she confirmed that she was not pregnant nor receiving EAEDC assistance.

It was noted that the appellant's Family Assistance coverage allows her to receive assistance from a Home Health Aide, but that personal care attendant services were not covered under 130 CMR 450.105(G). The appellant testified that she already has home health assistance, but that her doctor suggested that she request PCA assistance. The appellant felt that there are many people receiving help from MassHealth who do not need it, and that it was unfair she could not get the assistance she needs because of her immigration status.

Findings of Fact

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

- 1) The appellant is under the age of 65, and she is disabled. (Testimony by MassHealth's representative; testimony by the appellant.)
- 2) The appellant has a household size of 1. Her gross monthly income is \$1,156 from Social Security benefits. (Testimony by MassHealth's representative; testimony by the appellant.)
- 3) The appellant is in the county on a valid work authorization visa. (Testimony by MassHealth's representative; testimony by the appellant.)

Analysis and Conclusions of Law

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold. A preliminary step in determining an individual's eligibility for MassHealth coverage is determining their immigration status. MassHealth categorizes individuals as: "Lawfully Present Immigrants," who may be "Qualified Noncitizens," "Qualified Noncitizens Barred," or "Nonqualified Individuals Lawfully Present"; "Protected Noncitizens ... who were

receiving medical assistance ... on June 30, 1997”; “Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs),” who are individuals that have a case being tracked by the Department of Homeland Security, such as noncitizens granted Deferred Action for Childhood Arrivals; and “Other Noncitizens.” (130 CMR 504.003.)

The “Nonqualified Individuals Lawfully Present” category includes “individuals lawfully present” on a “a valid nonimmigrant status.” This includes those who are “granted employment authorization under 8 CFR 274a.12(c)” (130 CMR 504.003(A)(3)3.) Nonqualified individuals lawfully present are eligible for 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.” (130 CMR 504.006(B)(3).) MassHealth Standard coverage is only available for nonqualified individuals lawfully present if they are under the age of 21 or pregnant. (130 CMR 504.006(B)(1).)

To be categorically and financially eligible for Family Assistance under 130 CMR 505.005, an individual be “totally and permanently disabled,” “younger than 65 years old,” “ineligible for MassHealth Standard or MassHealth CommonHealth,” have a “modified adjusted gross income ... at or below 100% of the FPL,” and be “a qualified noncitizen barred ... , nonqualified individual lawfully present ... , or a nonqualified PRUCOL” (130 CMR 505.005(F)(1).) Nonqualified individuals lawfully present may also be eligible for MassHealth Limited with income less than 133% of the federal poverty level. (130 CMR 505.006(B)(1)(c).)

The appellant’s income is below the federal poverty level, and she is otherwise eligible for MassHealth Family Assistance under 130 CMR 505.005(F). This is the most comprehensive coverage available from MassHealth for the appellant, given her immigration authorization. Were she not disabled, she would only be eligible for MassHealth Limited.

[MassHealth Limited] pays only for the treatment of a medical condition ... that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in

- (a) placing the member’s health in serious jeopardy;
- (b) serious impairment to bodily functions; or
- (c) serious dysfunction of any bodily organ or part.

(130 CMR 450.105(F)(1).)

The appellant’s Family Assistance coverage provides comprehensive health benefits, including “home health services,” but it does not cover “personal care services.” (Compare 130 CMR 450.105(G)(3)(s) with 130 CMR 450.105(A)(1)(ee).) The only benefits that cover “personal care services” are Standard and CommonHealth. (See 130 CMR 450.105(A)(1)(ee), (E)(1)(ee).)

The appellant is approved for the most comprehensive benefit for which she is categorically eligible. MassHealth made no error, and 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.

Christopher Jones
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780