

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510210
Decision Date:	9/25/2025	Hearing Date:	08/04/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Daisy Valles – Tewksbury Ongoing

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 – over 65; Immigration
Decision Date:	9/25/2025	Hearing Date:	08/04/2025
MassHealth’s Rep.:	Daisy Valles	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 10, 2025, MassHealth approved the appellant for MassHealth Limited coverage as of May 1, 2025. (Exhibit 1; 130 CMR 519.009.) The appellant filed this timely appeal on July 10, 2025. (Exhibit 2; 130 CMR 610.015(B).) Limitations of assistance are valid grounds for appeal. (See 130 CMR 610.032.)

Action Taken by MassHealth

MassHealth approved the appellant for Limited coverage based upon the appellant’s immigration status.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 518.003 and 519.000, in determining that the appellant was only eligible for MassHealth Limited.

Summary of Evidence

The appellant was first approved for MassHealth Limited in the fall of 2024. MassHealth required the appellant reapply for an over-65 benefit, and on June 10, 2025, MassHealth approved the

appellant for MassHealth Limited in the over-65 department, effective May 1, 2025. MassHealth's representative testified that the appellant has a household of one, zero income, and assets below \$2,000. The approval was effective as of the beginning of the month in which the appellant turned 65.

With her appeal, the appellant submitted a document showing that she applied for asylum on April 8, 2025. On April 29, 2025, the United States Citizenship and Immigration Services agency (USCIS) mailed a notice accepting the appellant's application as complete. (Exhibit 2, p. 3.) The appellant also submitted a letter from her oncologist documenting that she is undergoing treatment for cancer. This letter requests that the appellant's coverage be upgraded to MassHealth Standard. (Exhibit 2, p. 5.)

MassHealth's representative testified that she was able to process the updated immigration status in preparation for the appeal, and the appellant's coverage was upgraded to Family Assistance coverage as of August 1, 2025. MassHealth's representative asked if the appellant wanted her Family Assistance coverage to be retroactively approved to May 1, when the appellant was first eligible for the over-65 Limited benefit.

The appellant testified through the use of an interpreter that she did not have any medical bills from care that she had previously received, and she initially said she did not need the coverage backdated. The appellant eventually asked that MassHealth backdate the coverage just to be safe. The appellant asked if a specific hospital accepted MassHealth Family Assistance coverage, and MassHealth's representative testified that the appellant would need to check with the provider.¹ The appellant also asked what was covered by MassHealth Family Assistance, and MassHealth clarified that it was much more comprehensive than the Limited benefit. The appellant asked for a list of covered services under MassHealth Family Assistance. The appellant also requested that the record remain open for her to check with her oncologist about whether she needed Standard coverage.

The appellant's request to keep the record open was denied. The appellant was informed that a decision would be issued, reviewing her eligibility for benefits. MassHealth's representative requested that the appellant submit a copy of her social security number once she receives one.

Findings of Fact

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

¹ MassHealth's representative initially testified that some providers accept MassHealth Standard but do not accept MassHealth Family Assistance. MassHealth's representative clarified that this should only occur with expanded networks through managed care plans.

- 1) The appellant is ■ years old. She has a household of one, zero income, and assets below \$2,000. (Testimony by MassHealth’s representative.)
- 2) On June 10, 2025, MassHealth approved the appellant for Limited benefits through the over-■ department. This approval was effective May 1, 2025, the beginning of the month in which the appellant was first eligible for over-■ coverage. (Testimony by MassHealth’s representative.)
- 3) On April 29, 2025, the United States Citizenship and Immigration Services agency (USCIS) mailed a notice accepting the appellant’s application for asylum. (Exhibit 2, p. 3.)
- 4) The appellant filed a fair hearing request on July 10, 2025, and included proof of her pending asylum application. (Exhibit 2.)

Analysis and Conclusions of Law

MassHealth offers a variety of benefits 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. One of the major dividing lines for eligibility is the age of ■. Individuals aged ■ and older are generally governed by the regulations at 130 CMR 515.000-520.000, and those under ■ are typically determined by the regulations at 130 CMR 501.000-508.000.

Immigration status is another determinative factor in eligibility. MassHealth categorizes immigrants as: “(A) Lawfully Present”;² “(B) Protected Noncitizens ... who were receiving medical assistance or CommonHealth on June 30, 1997”; “(C) Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs),” who have a case being tracked by the Department of Homeland Security, such as noncitizens granted Deferred Action for Childhood Arrivals; and “(D) Other Noncitizens.” (130 CMR 518.003.)

Approved asylees are automatically “Qualified Noncitizens,” but persons with a pending asylum application are either “Nonqualified Individuals Lawfully Present,” or “Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs).” (130 CMR 518.003(A)(3)(d); 518.003(C)(8).) In order to be “Lawfully Present,” the applicant must either “have been granted employment authorization; or” be “younger than ■ years old and have had an application pending for at least 180 days.” (130 CMR 518.004(A)(3)(d)(1), (2).) If they do not satisfy these additional requirements, they are nonqualified PRUCOLs.

(C) Nonqualified PRUCOLs may receive the following:

² Lawfully present immigrants are subcategorized as “(1) Qualified Noncitizens”; “(2) Qualified Noncitizens Barred”; or “(3) Nonqualified Individuals Lawfully Present.”

(1) MassHealth Family Assistance if they are adults █ years of age or older and meet the categorical requirements and financial standards as described in 130 CMR 519.013: *MassHealth Family Assistance* or are receiving EAEDC; or

(2) MassHealth Limited if they are adults █ years of age or older and meet the categorical requirements and financial standards as described in 130 CMR 519.009: *MassHealth Limited*.

(130 CMR 518.006(C).)

Nonqualified individuals lawfully present may additionally be eligible for MassHealth Standard, but only “if they are younger than █ years old or pregnant ... ” (130 CMR 518.006(B)(3).) The eligibility criteria at 130 CMR 519.013, pertains to the financial standards in order to qualify for coverage. For either immigration status, the person is eligible if they have income below the federal poverty level, assets below \$2,000, and no other access to health insurance.³ (130 CMR 519.013(A)(1).)

MassHealth’s representative confirmed that the appellant’s financial eligibility is not at issue. Therefore, the only issue is what benefit is the appellant eligible for, given her immigration status. MassHealth Family Assistance is a more comprehensive benefit than MassHealth Limited. MassHealth Limited only covers

the treatment of a medical condition (including labor and delivery) 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).)

MassHealth Family Assistance is comprehensive insurance coverage, though not as comprehensive as MassHealth Standard:

<p>(A) <u>MassHealth Standard</u>. (1) <u>Covered Services</u>. The following services are covered for MassHealth Standard members (a) abortion services;</p>	<p>(G) MassHealth Family Assistance. ... (3) <u>Covered Services for Members Who Are Not Receiving Premium Assistance</u>. ... the following services are covered:</p>
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³ PRUCOLs may also be eligible with income between 100% and 300% of the federal poverty level. (See 130 CMR 519.013(A)(2).)

<p>(b) acupuncture services; (c) adult day health services; (d) adult foster care services; (e) ambulance services; (f) ambulatory surgery services; (g) audiologist services; (h) behavioral health services; (i) certified nurse midwife services (j) certified nurse practitioner services; (k) certified registered nurse anesthetist services; (l) Chapter 766: home assessments and participation in team meetings; (m) chiropractor services; (n) clinical nurse specialist services; (o) community health center services; (p) day habilitation services; (q) dental services; (r) durable medical equipment and supplies; (s) early intervention services; (t) family planning services; (u) hearing aid services; (v) home health services; (w) hospice services; (x) independent nurse (private duty nursing) services; (y) inpatient hospital services; (z) laboratory services; (aa) nursing facility services; (bb) orthotic services; (cc) outpatient hospital services; (dd) oxygen and respiratory therapy equipment; (ee) personal care services; (ff) pharmacy services; (gg) physician services; (hh) physician assistant services; (ii) podiatrist services; (jj) prosthetic services;</p>	<p>(a) abortion services; (b) acupuncture services; (c) ambulance services (emergency only); (d) ambulatory surgery services; (e) audiologist services; (f) behavioral health services; (g) certified nurse midwife services; (h) certified nurse practitioner services; (i) certified registered nurse anesthetist services; (j) Chapter 766: home assessments and participation in team meetings; (k) chiropractor services; (l) clinical nurse specialist services; (m) community health center services; (n) dental services; (o) durable medical equipment and supplies; (p) early intervention services; (q) family planning services; (r) hearing aid services; (s) home health services; (t) hospice services; (u) inpatient hospital services; (v) laboratory services; (w) nurse midwife services;^[4] (x) nurse practitioner services; (y) orthotic services; (z) outpatient hospital services; (aa) oxygen and respiratory therapy equipment; (bb) pharmacy services; (cc) physician services; (dd) physician assistant services; (ee) podiatrist services; (ff) prosthetic services; (gg) psychiatric clinical nurse specialist services; (hh) rehabilitation services; (ii) renal dialysis services; (jj) speech and hearing services;</p>
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⁴ “certified nurse midwife services” and “certified nurse practitioner services” are already covered by Standard and Family Assistance. (See 130 CMR 450.105(A)(1)(j), (k); 450.105(G)(3)(g), (h).)

(kk) psychiatric clinical nurse specialist services; (ll) rehabilitation services; (mm) renal dialysis services; (nn) speech and hearing services; (oo) therapy services: physical, occupational, and speech/language; (pp) transportation services; (qq) urgent care clinic services; (rr) vision care; and (ss) X-ray/radiology services.	(kk) therapy services: physical, occupational, and speech/language; (ll) urgent care clinic services; (mm) vision care; and (nn) X-ray/radiology services.
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(130 CMR 450.105(A)(1); 450.105(G)(3) (emphasis on services not covered by Family Assistance).)

The appellant’s asylum application has only recently been accepted, and it has not yet been approved. The appellant is not younger than ■■■ nor did she identify herself as being pregnant. Therefore, she cannot be eligible for MassHealth Standard. MassHealth has already approved Family Assistance benefits back to the start of the appellant’s eligibility for over-■■■ benefits. To the extent that the appellant seeks MassHealth Standard coverage, this appeal must be 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: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957