

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2510669
<b>Decision Date:</b>	9/22/2025	<b>Hearing Date:</b>	08/27/2025
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Kay Omokoya

**Interpreter:**

Spanish



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility – Under 65 – Immigration Status
<b>Decision Date:</b>	9/22/2025	<b>Hearing Date:</b>	08/27/2025
<b>MassHealth's Rep.:</b>	Kay Omokoya	<b>Appellant's Rep.:</b>	Sister
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center	<b>Aid Pending:</b>	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 07/03/2025, MassHealth informed the appellant that he was eligible for MassHealth Limited benefits starting on 06/23/2025 (130 CMR 505.006; Exhibit 1). The appellant filed this appeal in a timely manner on 07/18/2025 (130 CMR 610.015(B); Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Limited benefits starting on 06/23/2025.

## Issue

The appeal issue is whether MassHealth correctly determined the appellant's eligibility for MassHealth Limited benefits.

## Summary of Evidence

The MassHealth representative testified that a request for medical benefits was received on the appellant's behalf. It was processed on 07/03/2025. According to the information provided by the appellant, he is not a United States citizen. He has a green card and is a Legal Permanent Resident of the United States. His date of entry is [REDACTED]

The appellant is between [REDACTED] years of age and he lives in the community. He is counted as a household of one person. He has no income. Because the appellant has not met the "five-year bar," he is only eligible for MassHealth Limited benefits. After five years have elapsed since his date of entry, MassHealth will redetermine his benefits.

The appellant was represented in these proceedings by his sister who testified with the assistance of a Spanish-language interpreter. The sister explained that the appellant needs MassHealth Standard benefits because he has health issues, including needing surgery on his legs.

## Findings of Fact

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

1. Appellant is between [REDACTED] years of age and he lives in the community (Testimony).
2. Appellant is a legal permanent resident of the United States, holding a green card with a date of entry as [REDACTED] (Testimony).
3. Appellant does not work and has no 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).

130 CMR 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.

(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. He 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" or "c". 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 his green card less than [REDACTED] years ago. Appellant has failed to meet his burden that his immigration status makes him 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc: [REDACTED]

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129