

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2512253
Decision Date:	11/19/2025	Hearing Date:	10/01/2025
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

 (mother)

Appearance for MassHealth:

Steven Conrad – Waiver Unit

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
Decision Date:	11/19/2025	Hearing Date:	10/01/2025
MassHealth's Rep.:	Steven Conrad	Appellant's Rep.:	Mother
Hearing Location:	Worcester MEC		

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 August 13, 2025, MassHealth informed Appellant that his benefits would change from MassHealth Limited plus Waiver Services to MassHealth Limited effective August 27, 2025 (Exhibit A). Appellant filed this appeal in a timely manner on August 21, 2025 (see 130 CMR 610.015(B) and Exhibit A). Changing a benefit level constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth changed Appellant's benefits from MassHealth Limited plus Waiver Services to MassHealth Limited effective August 27, 2025.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it changed Appellant's benefits from MassHealth Limited plus Waiver Services to MassHealth Limited effective August 27, 2025.

Summary of Evidence

MassHealth was represented by a worker from the Waiver Unit who testified that Appellant had been receiving MassHealth Standard with Waiver Services as a “non-qualified, legally-present” individual under the age of [REDACTED]. Appellant turned [REDACTED] on [REDACTED] 2025 which made him ineligible for this benefit. As a non-qualified, legally-present individual at or over the age of [REDACTED] Appellant is only eligible for MassHealth Limited and Health Safety Net (HSN).

Appellant appeared with his mother. Appellant is wheelchair bound. Appellant’s mother testified that they came to the United States legally from Brazil and in [REDACTED] 2022 Appellant sustained a gunshot injury to the head. He was in the hospital for a year and then moved to a skilled nursing facility. The mother explained that the facility was not meeting his rehabilitation needs so she brought him home through the Waiver program. The mother testified that since Appellant’s return and receiving services at home, his rehabilitation has improved. Appellant’s mother explained that without the Waiver services, Appellant will not be able to remain home and she fears that the progress he has made will be lost. She also believes Appellant will not have a good quality of life in an institutional setting. The mother’s testimony was consistent with a letter filed with Appellant’s Request for Fair Hearing form (Exhibit A).

Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant came to the United States legally from Brazil along with his mother.
2. In [REDACTED] 2022 Appellant sustained a gunshot injury to the head which has left him wheelchair bound.
3. Appellant remained in a hospital for a year and then moved to a skilled nursing facility.
4. The facility was not meeting Appellant’s rehabilitation needs so his mother brought him home through the Waiver program.
5. Since Appellant’s return and receiving services at home, his rehabilitation has improved.
6. Without the Waiver services, Appellant will not be able to remain home.
7. Appellant had been receiving MassHealth Standard with Waiver Services as a “non-qualified, legally-present” individual under the age of [REDACTED].
8. Appellant turned [REDACTED] on [REDACTED] 2025.

9. As a non-qualified, legally-present individual at or over the age of [REDACTED] MassHealth determined that Appellant qualifies for MassHealth Limited and Health Safety Net (HSN), but no longer qualifies for Masshealth Standard and Waiver Services.

Analysis and Conclusions of Law

In order to qualify for Masshealth Waiver Services, a member must qualify for MassHealth Standard (130 CMR 519.007(H)).

As a non-qualified lawfully-present individual, Appellant's eligibility for MassHealth Standard is limited by the following regulation (emphasis supplied):

130 CMR 518.006: Applicable Coverage Types

(B) *Qualified noncitizens barred and **nonqualified individuals lawfully present** may receive the following coverage:*

- (1) *MassHealth Family Assistance if they are adults 65 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 Emergency Aid to the Elderly, Disabled and Children (EAEDC); or*
- (2) *MassHealth Limited if they are adults 65 years of age or older and meet the categorical requirements and financial standards as described in 130 CMR 519.009: MassHealth Limited; or*
- (3) ***MassHealth Standard if they are younger than 21 years old or pregnant and meet the categorical and financial requirements described in 130 CMR 519.006: Long-term-care Residents or 519.007: Individuals Who Would Be Institutionalized.***

According to these two regulations, as a non-qualified lawfully-present individual who is no longer [REDACTED] Appellant does not qualify for Masshealth Standard; therefore, he is also ineligible for Waiver Services.

As a non-qualified lawfully-present individual who is between the ages of 21 and 64, Appellant is eligible for MassHealth Limited pursuant to 130 CMR 505.006(B).

On this record, there is no basis in fact or law to disturb MassHealth's determination of August 13, 2025 (Exhibit A). Accordingly, 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104, 413-785-4186