

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2512515
<b>Decision Date:</b>	10/22/2025	<b>Hearing Date:</b>	10/10/2025
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Nicole Veras, Tewksbury MassHealth  
Enrollment Center

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility – under 65; Immigration Status
<b>Decision Date:</b>	10/22/2025	<b>Hearing Date:</b>	10/10/2025
<b>MassHealth’s Rep.:</b>	Nicole Veras	<b>Appellant’s Rep.:</b>	Daughter
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 2 (Telephone)	<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 July 7, 2025, MassHealth upgraded the appellant from Health Safety Net to MassHealth Limited coverage. Exhibit 1. The appellant filed this appeal in a timely manner on September 5, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Challenging agency action regarding scope and amount of assistance is valid grounds for appeal. *See* 130 CMR 610.032(5).

## Action Taken by MassHealth

MassHealth determined that the appellant was eligible for MassHealth Limited benefits.

## Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is ineligible for benefits other than MassHealth Limited.

## Summary of Evidence

The appellant is an adult under the age of [REDACTED] who resides in a household of one. She was represented at hearing by her daughter, who testified through a Cambodian-speaking interpreter secured by the Board of Hearings. The MassHealth representative is a worker from the Tewksbury MassHealth Enrollment Center. All parties appeared on the telephone. The following is a summary of the testimony given and the evidence provided at hearing.

The MassHealth representative testified that the notice being appealed, a MassHealth Limited approval notice, is dated July 7, 2025. The MassHealth representative testified that the appellant lived in a household of one, with zero income on file at the time of the notice. The MassHealth representative testified that at the time of her application for benefits, the appellant had self-attested to having a potential disability; she also filed an adult disability supplement with MassHealth. The MassHealth representative testified that in July 2025, after MassHealth had issued the notice on appeal to the appellant, the appellant's disability was verified by MassHealth, and her MassHealth benefits were upgraded to MassHealth Family Assistance starting on July 1, 2025<sup>1</sup>. The MassHealth representative testified that MassHealth could not upgrade the appellant to MassHealth Standard because the appellant's permanent resident card was issued in [REDACTED]. In other words, the appellant is not eligible for MassHealth Standard because she has had lawful permanent resident status for less than five years. The MassHealth representative testified that the appellant has taken active steps by filling out an [REDACTED] application to receive community-based services.

The appellant's daughter did not dispute any of the MassHealth representative's testimony regarding the appellant's immigration status, income, or household composition. The appellant's daughter testified that she is concerned about the appellant's ability to pay for medical services out-of-pocket; the appellant's daughter left her job so that she could become the appellant's full-time caregiver. The appellant's daughter feels that she should be compensated for the care she provides for her mother.

## Findings of Fact

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

1. The appellant is a disabled adult under the age of [REDACTED] residing in a household of one with an FPL of 0%. Testimony.
2. Through a notice dated July 7, 2025, MassHealth upgraded the appellant from Health Safety

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<sup>1</sup> The Hearing Officer could not locate a record at the Board of Hearings that indicated that the appellant had appealed the July 2025 upgrade notice.

Net to MassHealth Limited coverage. Exhibit 1.

3. In July 2025, after issuing the notice on appeal, MassHealth verified the appellant's disability, and the appellant's MassHealth coverage was again upgraded from MassHealth Limited to MassHealth Family Assistance starting on July 1, 2025. Testimony.
4. The appellant filed a timely request for fair hearing on September 5, 2025. Exhibit 2.
5. The appellant has been a legal permanent resident of the United States since [REDACTED] Testimony.

## Analysis and Conclusions of Law

Certain noncitizens may qualify for MassHealth benefits, depending on their legal status. The MassHealth regulations at 130 CMR 504.003 detail the circumstances in which these applicants may receive benefits. These regulations are divided into four different categories: Lawfully Present Immigrants (504.003(A)), Protected Noncitizens (504.003(B)), Nonqualified Persons Residing under Color of Law (504.003(C)), and Other Noncitizens (504.003(D)). Within the category of Lawfully Present Immigrant, there exist three separate categories: Qualified Noncitizen (504.003(A)(1)), Qualified Noncitizens Barred (504.003(A)(2)), and Qualified Individuals Lawfully Present (504.003(A)(3)).

Qualified noncitizens fall into two categories; the first category is considered "qualified regardless of when they entered the U.S. or how long they had a qualified status." 130 CMR 504.003(A)(1)(a). An entire list of such persons can be found at 504.00(A)(1)(a)(1)-(12) and include asylees, refugees, and victims of human trafficking. The second category includes individuals who have been admitted for legal permanent residence, but requires that such people have either possessed such status of five or more years, have been in the U.S. since 1996, or also fall into the first category of Qualified Noncitizen. See 130 CMR 504.003(A)(1)(b). An individual who is a permanent resident but has not possessed the status for at least five years is considered a Qualified Noncitizen Barred under 130 CMR 504.003(A)(2).

Citizens, qualified noncitizens, and protected noncitizens "may receive MassHealth under any coverage types for which they are [financially] eligible." 130 CMR 504.006(A). Qualified Noncitizens Barred may receive the following benefits:

- (1) MassHealth Standard, *if they are younger than [REDACTED] years old, young adults [REDACTED] 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 [REDACTED] years of age, and children younger than [REDACTED] years old and young adults age [REDACTED] years of age who are receiving EAEDC.
- (2) MassHealth CommonHealth, *if they are younger than [REDACTED] 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 [REDACTED] years old, *disabled adults* [REDACTED] *years of age* and meet the categorical requirements and financial standards as described in 130 CMR 505.005: MassHealth Family Assistance or adults [REDACTED] years of age who are receiving EAEDC;

(4) MassHealth Limited, if they are adults [REDACTED] 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 [REDACTED] years old and meet the categorical requirements and financial standards as described in 130 CMR 522.004: Children's Medical Security Plan (CMSP).

130 CMR 504.006(B) (emphases added)

Here, there is no evidence in the record that the appellant is an asylee, refugee, or otherwise qualifies in the first category of qualified noncitizen. Additionally, although the appellant is a legal permanent resident of the United States, her permanent resident card was issued in [REDACTED] which is less than the five years required for her to be considered a qualified noncitizen as of the date of the hearing. As such, the appellant is a qualified noncitizen barred who is not pregnant and is over the age of [REDACTED] meaning that she does not qualify for MassHealth Standard.

Furthermore, at the time that MassHealth issued the notice on appeal, the appellant's disability was unverified; it was the undisputed testimony of the MassHealth representative that in July 2025, after her disability was verified, the appellant was correctly upgraded to MassHealth Family Assistance beginning July 1, 2025. *See* 130 CMR 505.005(5). Therefore, I find no error by MassHealth in issuing the July 7, 2025 notice determining that at that time, the appellant was ineligible for benefits other than MassHealth Limited.

For the foregoing reasons, the appeal is hereby DENIED.

## **Order for MassHealth**

None, other than to send notice to the appellant that she is eligible for MassHealth Family Assistance, if MassHealth has not already done so.

## **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.

## **Implementation of this Decision**

If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

  
cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957