

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2513365
<b>Decision Date:</b>	01/23/2026	<b>Hearing Date:</b>	10/28/2025
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	10/29/2025

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Jose Berrios, Springfield MEC



*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>	Eligibility; Under 65; Immigration Status
<b>Decision Date:</b>	01/23/2026	<b>Hearing Date:</b>	10/28/2025
<b>MassHealth's Rep.:</b>	Jose Berrios	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<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 August 28, 2025, MassHealth changed appellant's benefit from MassHealth CarePlus to MassHealth Limited. (Ex. 1). Appellant filed this appeal in a timely manner on September 15, 2025. (Ex. 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth changed appellant's benefit from MassHealth CarePlus to MassHealth Limited.

## Issue

The appeal issue is whether MassHealth was correct in changing appellant's benefit from MassHealth CarePlus to MassHealth Limited.

## Summary of Evidence

Appellant and the MassHealth worker (worker) appeared by phone. The hearing began, both were sworn and documents were marked as evidence. The evidence shows the following: Appellant is in her late [REDACTED] (Ex. 5). The worker stated on August 18, 2025 an application was filed by appellant. On the application, appellant checked she was a United States citizen, which qualified appellant for MassHealth CarePlus. The worker wrote that he was unable to locate and provide a copy of appellant's actual application, but he did forward a "snippet." (Testimony; Ex. 7, p. 1). The worker stated a request for information was then sent to appellant seeking proof of citizenship. MassHealth received a copy of a visa from appellant that contained I551 language granting appellant legal permanent resident status for 1 year. (Ex. 7). The worker stated I551 language means appellant was "granted parole for at least one year." (Testimony). The information from the visa triggered an update in appellant's benefit where she no longer qualified for CarePlus. (Testimony). When asked which category appellant falls under in the regulations dealing with immigration, the worker stated appellant was a lawfully present immigrant. (Testimony; 130 CMR 504.003 (A)). In a post hearing submission, the worker stated appellant is currently considered a Qualified Alien Barred.<sup>1</sup> (Ex. 7, p. 1).

Appellant testified she is a lawful resident of the United States. She stated she has a "green card" which was first issued to her in [REDACTED]. She stated she had to return to [REDACTED] and could not keep up with the green card requirements. She stated her current green card is valid and was issued in [REDACTED] (Testimony; Ex. 4, p. 2). I asked appellant if she checked off on the MassHealth application that she was a U.S. citizen. She stated "I don't remember checking off U.S. citizen." (Testimony). Appellant does not dispute MassHealth's financial determination in approving her for Limited.<sup>2</sup> Rather she disputes the downgrade of her benefit due to her immigration status.

I left the record open for the worker to provide a copy of appellant's application and to determine exactly what category appellant fell under in the regulations dealing with immigration. (Ex. 6). The worker provided information found in Exhibit 7.

## Findings of Fact

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

1. Appellant is in her late [REDACTED] (Ex. 5).
2. Appellant falls under the immigration category of Qualified Noncitizens Barred. (Testimony;

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<sup>1</sup> The regulations contain no category titled Qualified Alien Barred. There is a subcategory under Lawfully Present Immigrants entitled Qualified Noncitizens Barred. (130 CMR 504.003 (A)(2)). It is a reasonable assumption this is the category the worker was referring to in his email.

<sup>2</sup> Pursuant to 130 CMR 505, both CarePlus and Limited require head of household income at or below 133% of the Federal Poverty Level.

130 CMR 504.003(A)(2).

3. Appellant did not dispute MassHealth's determination she financially qualified for MassHealth Limited.

## 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).

### 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.

### 504.006: Applicable Coverage Types

...

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

(1) MassHealth Standard, if they are younger than 19 years old, young adults 19 and 20 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 18 through 20 years of age, and children younger than 19 years old and young adults 19 and 20 years of age who are receiving EAEDC.

(2) MassHealth CommonHealth, if they are younger than 19 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 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;

**(4) MassHealth Limited, if they are adults 21 through 64 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 19 years old and

meet the categorical requirements and financial standards as described in 130 CMR 522.004: Children's Medical Security Plan (CMSP). (**emphasis added**).

505.006: MassHealth Limited

...

(B) Eligibility Requirements.

(1) MassHealth Limited is available to the following:

...

(c) qualified noncitizens barred, as described in 130 CMR 504.003(A)(2): Qualified Noncitizens Barred, and nonqualified individuals lawfully present, as described in 130 CMR 504.003(A)(3): Nonqualified Individuals Lawfully Present, who are

1. adults, including parents and caretaker relatives, 21 through 64 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL;
2. disabled adults 21 through 64 years old with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133% of the FPL;
3. parents and caretakers who are 21 through 64 years old who are receiving EAEDC;
- and 4. adults 21 through 64 years old who are receiving EAEDC.

The issue is whether MassHealth was correct in changing appellant's benefit from MassHealth CarePlus to MassHealth Limited. Appellant is in her late [REDACTED]. She is designated as a Qualified Noncitizen Barred. Pursuant to the regulations, MassHealth determined appellant was only eligible for MassHealth Limited. The evidence before me shows there was no error by MassHealth in its determination. 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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Thomas Doyle  
Hearing Officer  
Board of Hearings

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