

**Office of Medicaid
BOARD OF HEARINGS**


Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514524
Decision Date:	10/28/2025	Hearing Date:	10/21/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Lashaun Kelley, Quincy 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

Appeal Decision:	Denied	Issue:	Community Eligibility; Under 65; Income, Immigration Status
Decision Date:	10/28/2025	Hearing Date:	10/21/2025
MassHealth's Rep.:	Lashaun Kelley	Appellant's Rep.:	Pro se
Hearing Location:	Quincy	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 September 15, 2025, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income is too high. *See* 130 CMR 505.005 and Exhibit 1. The appellant filed this appeal in a timely manner on October 2, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

Issue

The appeal issue is whether MassHealth correctly determined that the appellant is over the income limit to qualify for MassHealth benefits.

Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of two with his minor child. He was assisted at the hearing by a [REDACTED] interpreter. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The following is a summary of the testimony and evidence provided at hearing.

The appellant and his son applied for MassHealth benefits in April 2025. During the application process, MassHealth determined and verified that the appellant earns approximately \$3,670.05 in gross monthly income, which is 203% of the federal poverty level for a household of two. The appellant's verified immigration status is that he possesses a work authorization. When the hearing officer asked if that makes the appellant a PRUCOL,¹ the MassHealth representative stated that it does. The MassHealth representative reported that the appellant's child has been deemed eligible for MassHealth Family Assistance and is currently active on that benefit. However, MassHealth determined that the appellant is over the income to qualify for benefits himself and sent a notice to that effect on September 15, 2025. He is currently active on a plan through the Health Connector.

The appellant reported that he works approximately 40 hours per week making \$20.90 an hour. The parties agreed that this equals approximately \$3,622.38 per month. As part of the hearing record, the appellant provided several utility bills from his residence, his son's Work Authorization ID card, Social Security card which states "for work only", and application for asylum, and the appellant's Massachusetts driver's license.

Findings of Fact

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

1. The appellant is an adult under the age of 65 who resides in a household of two with his minor child. Testimony, Exhibit 4.
2. In April 2025, the appellant applied for MassHealth benefits. Testimony.
3. On September 15, 2025, MassHealth issued a notice denying the appellant's application for benefits after determining that he is over the income limit to qualify. Exhibit 1.
4. The appellant filed a timely request for fair hearing on October 2, 2025. Exhibit 2.
5. The appellant provided documentation for the hearing record that shows that his child has a

¹ Person residing under color of law, described *infra*.

work authorization. Exhibit 5. MassHealth records indicate that the appellant also is not a United States citizen but has a work authorization. Testimony.

6. The appellant earns approximately \$3,622.38 in gross monthly income, which is 203% of the federal poverty level for a household of two. Testimony.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility for individuals who are under age 65 are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

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 (PRUCOL) (504.003(C)), and Other Noncitizens (504.003(D)). As there is no evidence that the appellant has ever received MassHealth CommonHealth, he cannot be considered a Protected Noncitizen pursuant to 504.003(B). Furthermore, there is not sufficient evidence that his current status qualifies him as a Nonqualified Persons Residing under Color of Law based on the myriad of options contained within 504.003(C)².

For the reasons stated herein, MassHealth records indicate that the appellant is a Lawfully Present Immigrant, and therefore at issue for this appeal is whether he falls into a subcategory of Lawfully Present Immigrant that would qualify him for coverage. Within the category of Lawful Present Immigrant, there exist three separate categories: Qualified Noncitizen (504.003(A)(1)), Qualified Noncitizens Barred (504.003(A)(2)), and Nonqualified Individuals Lawfully Present (504.003(A)(3)). An individual who has been “granted employment authorization under 8 CFR 274a. 12(c)” is considered a Nonqualified Individual Lawfully Present for purposes of MassHealth Eligibility. 130 CMR 504.003(A)(3)(c)(3).

It is relevant and necessary to determine under which category of Lawfully Present Immigrant the

² Although the MassHealth representative stated that the appellant is a PRUCOL, there are several reasons why the evidence suggests otherwise. First, that statement came after being prompted by the hearing officer; the representative’s initial testimony is that the appellant has been granted work authorization. Second, while the appellant’s immigration documentation was not submitted with the appeal, his child’s was, and his child has clearly been granted work authorization. Thus, I find there is insufficient evidence to demonstrate that the appellant is a PRUCOL.

appellant falls, because each category results in different eligibility for MassHealth. For instance, “qualified noncitizens...may receive MassHealth under any coverage type if they meet the eligibility requirements described in 130 CMR 505.000.” 130 CMR 504.006(A). However, Nonqualified Individuals Lawfully Present may only receive the following coverage pursuant to 130 CMR 504.006(B):

- (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 age 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).

Therefore, it is essential to determine which category applies to the appellant to decide whether he qualifies for coverage.

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 504.006(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 or are victims of domestic violence, but requires that such people have either possessed such status for 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).

Here, there is no evidence in the record that the appellant is an asylee (there is evidence that the appellant has applied for asylum for his son, but none that the status has been granted), refugee, or otherwise qualifies in the first category of Qualified Noncitizen. Further, there is no evidence that meets the pre-1996 entry exception of 130 CMR 504.003(A)(1)(b). The appellant provided no

argument, nor was I able to find regulatory support, that his immigration status qualifies him as anything but a Nonqualified Individual Lawfully Present based on MassHealth's verification of his employment authorization status. Thus, under the regulations, the appellant is considered as such and can only qualify for MassHealth coverage pursuant to 130 CMR 504.006(B), which makes him categorically eligible for MassHealth Limited. At issue remains whether he meets the income requirements to qualify.

An adult Nonqualified Individual Lawfully Present is financially eligible for MassHealth Limited if "the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the [federal poverty level]." 130 CMR 505.002(C)(1)(a). To determine financial eligibility pursuant to 130 CMR 506.007, MassHealth must construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

- (1) Taxpayers Not Claimed as a Tax Dependent on Their Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of
 - (a) the taxpayer; including their spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
 - (b) the taxpayer's spouse, if living with them regardless of filing status;
 - (c) all persons the taxpayer expects to claim as tax dependents; and
 - (d) if any individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

Here, the appellant does not dispute that he resides in a household of two. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level equates to a monthly income of \$2,345.00, or a yearly income of \$28,140.00 for a household of two. See chart at <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

MassHealth determines an applicant's modified adjusted gross income (MAGI) by taking the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B), less deductions described in 130 CMR 506.003(D). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

- (A)(2)Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual's MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.
 - (a) A household's countable income is the sum of the MAGI-based income of every individual included in the individual's

household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(M).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

....

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the Federal Register using the following formula. The MassHealth agency adjusts these standards annually.

- (1) Multiply the annual 100% figure posted in the Federal Register by the applicable federal poverty level income standard.
- (2) Round these annual figures up to the nearest hundredth.
- (3) Divide by 12 to arrive at the monthly income standards.

Per 130 CMR 506.003(A), countable income includes, in relevant part, “the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.”

Here, MassHealth determined and verified, and the appellant agrees, that he earns at least \$3,622.38 in gross monthly income. That amount exceeds 133% of the federal poverty level based on the income standards for 2025, even less the 5% federal poverty level deduction, and the appellant has not been found to have a health condition that would change his applicable income standard. The appellant is, therefore, not financially eligible for MassHealth Limited. I find that MassHealth did not err in issuing the July 25, 2025, notice denying the appellant’s application for MassHealth benefits.³

For the foregoing reasons, the appeal is hereby denied.

The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765). If anything changes with the appellant’s health or immigration status, he may notify MassHealth to determine whether his eligibility is affected.

³ This decision has no impact on the appellant’s eligibility for or enrollment in any plan through the Health Connector.

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.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Cassandra Moura, Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171