

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515491 and 2515493
Decision Date:	11/21/2025	Hearing Date:	11/19/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearance for MassHealth:


Elizabeth Nickosan

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 – Immigration Status
Decision Date:	11/21/2025	Hearing Date:	11/19/2025
MassHealth’s Rep.:	Elizabeth Nickosan	Appellant’s Rep.:	
Hearing Location:	Taunton MassHealth Enrollment Center	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 09/19/2025, MassHealth informed the appellants, a married couple, that they were eligible for MassHealth Limited benefits, and Health Safety Net starting on 09/01/2025. They were both also referred to the Health Connector (130 CMR 505.006; Exhibits 1A and 1B). The appellants filed this appeal in a timely manner on 10/19/2025 (130 CMR 610.015(B); Exhibits 2A and 2B). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (130 CMR 610.032).

The two appeals were consolidated due to commonality of parties and issues and agreement by the parties.

Action Taken by MassHealth

MassHealth approved the appellants for MassHealth Limited benefits and Health Safety Net starting on 09/01/2025.

Issue

The appeal issue is whether MassHealth correctly determined the appellants' eligibility for MassHealth benefits.

Summary of Evidence

The MassHealth representative testified that a request for medical benefits was received on the appellant's behalf. They are a married couple between the ages of 19 and 64. According to the information provided by the appellants, they are not United States citizens, or Legal Permanent Residents. They are part of a household of three people, consisting of two parents and a minor child. The household's gross monthly income is \$3,899.70 per month, which is the equivalent of 170% of the Federal Poverty Level.

Because the appellants have not met the "five-year bar," they are eligible for MassHealth Limited benefits. They are both eligible for Health Safety Net and a Health Connector plan.

The appellants appeared telephonically, and they testified that the income that MassHealth has on file is no longer correct. The appellant husband is no longer working, and the appellant wife has just started a part-time job. She is unaware of what her pay rate is.

The MassHealth representative testified that the couple can re-verify their income at any time by providing verification by telephone, fax, mail or email.

Findings of Fact

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

1. Appellants are a married couple between the ages of 19 and 65 years. They live with their minor child in the community. Together they are counted as a household of three people (Testimony).
2. Neither of the appellants is a United States Citizen or a Legal Permanent Resident of the United States (Testimony).
3. On 09/19/2025, MassHealth informed the appellants that they were eligible for MassHealth Limited benefits, and Health Safety Net starting on 09/01/2025. They were both also referred to the Health Connector.
4. On 10/19/2025, the appellants filed an appeal of the 09/19/2025 notices.

5. A fair hearing was held before the Board of Hearings on 11/19/2025.

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.

The appellants have not demonstrated that they have any of the above citizenship statuses that can qualify an appellant for MassHealth benefits. They must satisfy one of three statuses, and one of three conditions laid out 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 5 years ago. The appellants have failed to meet their burden that their immigration status makes them 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780