

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515723
Decision Date:	12/16/2025	Hearing Date:	11/20/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Amanda Rebello, Taunton 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:	Under 65; Community Eligibility; Immigration
Decision Date:	12/16/2025	Hearing Date:	11/20/2025
MassHealth's Rep.:	Amanda Rebello	Appellant's Rep.:	Pro se
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 October 22, 2025, MassHealth approved the appellant for MassHealth Limited benefits. *See* 130 CMR 504.003 and Exhibit 1. The appellant filed this appeal in a timely manner on October 27, 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.

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Limited benefits.

Issue

The appeal issue is whether MassHealth correctly determined that the appellant is not eligible for MassHealth benefits beyond MassHealth Limited.

Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of one and has no income. She was assisted at hearing by a [REDACTED] speaking interpreter. MassHealth was represented at hearing by a worker from the Taunton MassHealth Enrollment Center. The appellant appeared at the hearing in person, and the MassHealth worker participated by video conference. The following is a summary of the testimony and evidence provided at hearing:

The appellant has received MassHealth Limited benefits since December 2023. On or about October 22, 2025, the appellant's income information was updated within MassHealth's computer system, and her immigration status was automatically verified. MassHealth determined that the appellant is a legal permanent resident and has been since December 2023. Because the appellant has not been a legal permanent resident for at least five years, MassHealth determined that she is not eligible for benefits beyond MassHealth Limited and issued a notice to that effect on October 22, 2025.

The hearing officer observed the appellant's permanent resident alien, or "green," card at the hearing, and confirmed its issue date of December 2023. The appellant reported that she has submitted a disability supplement, but she does not have breast or cervical cancer or HIV and is not currently pregnant. She stated that the only money she receives is \$400.00 in monthly benefits through the Massachusetts Department of Transitional Assistance (DTA).

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 has received MassHealth Limited benefits since December 2023. Exhibit 1, Exhibit 4, Testimony.
2. On October 22, 2025, the appellant's income information was updated within the MassHealth system. After verifying her immigration status, MassHealth issued a notice approving her for MassHealth Limited benefits that same date.
3. The appellant filed a timely request for fair hearing on October 27, 2025. Exhibit 2.
4. The appellant has been a legal permanent resident of the United States since December 2023. Testimony.
5. The appellant has not been verified as disabled by MassHealth or the Social Security Administration, is not currently pregnant, and does not have breast or cervical cancer or HIV. Testimony.

6. The appellant is financially eligible for MassHealth Standard, Family Assistance, and Limited. Exhibit 1, 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)). As the appellant argues that she should be eligible for MassHealth Standard, at issue is whether she is a Qualified Noncitizen or Protected Noncitizen that could receive MassHealth under any coverage type, or a Qualified Noncitizen Barred or Nonqualified Individual Lawfully Present. *See generally* 130 CMR 504.006.

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 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).

130 CMR 504.006(B) (emphasis added).

Although the appellant is a legal permanent resident of the United States, she and MassHealth both agree that she has only possessed that status since December of 2023, which is less than the five years required for her to be considered a qualified noncitizen. As such, she is a qualified noncitizen barred who is not pregnant and is over the age of 19; without a confirmed disability, she was correctly placed on MassHealth Limited.¹ I find that the appellant has not met her burden of proof that MassHealth erred in issuing the October 22, 2025, notice. Based on the foregoing, the appeal is hereby denied.

Order for MassHealth

None.

¹ If the appellant submits a disability supplement and MassHealth confirms her disability, she may be upgraded to MassHealth Family Assistance. Unfortunately, she cannot receive MassHealth Standard or CommonHealth unless and until she has been a legal permanent resident for five or more years. See 130 CMR 504.003(A)(1)(b)(2)(a).

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


cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center