

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2516769
Decision Date:	12/09/2025	Hearing Date:	12/04/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Mayra Vazquez, Tewksbury MEC

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; Income
Decision Date:	12/09/2025	Hearing Date:	12/04/2025
MassHealth’s Rep.:	Mayra Vazquez	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	Yes

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 November 12, 2025, MassHealth notified the appellant that she does not qualify for MassHealth benefits but approved her for Health Safety Net for a limited time and deemed her eligible for a ConnectorCare plan through the Massachusetts Health Connector, starting on November 1, 2025. See 130 CMR 504.003, 130 CMR 505.006, and Exhibit 1. The appellant filed this appeal in a timely manner on November 12, 2025. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place to protect the appellant’s benefits. Denial of an application or request for assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

Action Taken by MassHealth

MassHealth notified the appellant that she does not qualify for MassHealth benefits but approved her for Health Safety Net for a limited time and deemed her eligible for a ConnectorCare plan through the Massachusetts Health Connector, starting on November 1, 2025.

Issue

Whether MassHealth correctly determined that the appellant is not eligible for MassHealth benefits. See 130 CMR 504.003, 130 CMR 505.006.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The appellant appeared pro se and through an interpreter verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is a tax filer who resides in a household of one. Based on the immigration documents submitted, the appellant's immigration status was determined to be nonqualified persons residing under color of law (PRUCOL). She had MassHealth Family Assistance coverage from December 1, 2024 to October 9, 2025.¹ On October 9, 2025, the appellant submitted an employment authorization card to MassHealth and updated her income. Her verified income was reported and verified as \$1,300.00 biweekly, which equates to \$2,817.10 per month.² This figure equates to 211.01% of the federal poverty level (FPL) for a household of one which exceeds the limit for MassHealth benefits. The income limit to receive MassHealth benefits is \$1,735.00 per month for a household of one. On November 12, 2025, MassHealth notified the appellant that she does not qualify for MassHealth benefits.

The appellant confirmed the MassHealth representative's testimony. She stated that she has ovarian cancer and may still need treatment. She expressed confusion about MassHealth's decision and stated that she needs her health insurance.

Findings of Fact

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

1. The appellant is a tax filer who resides in a household of one. (Testimony).
2. The appellant had MassHealth Family Assistance from December 1, 2024 to October 9, 2025 due to her PRUCOL status. (Testimony and Exhibit 4).
3. The appellant submitted an employment authorization card to MassHealth on October 9, 2025, and updated her income. (Testimony).

¹ An aid pending protection was put in place by the Board of Hearings pending the outcome of this appeal.

² In determining monthly income, MassHealth multiplies average biweekly income by 2.167.

4. On November 12, 2025, MassHealth notified the appellant that she does not qualify for MassHealth benefits but approved her for Health Safety Net for a limited time and deemed her eligible for a ConnectorCare plan through the Massachusetts Health Connector, starting on November 1, 2025. (Testimony and Exhibit 1).
5. The appellant filed this appeal in a timely manner on November 12, 2025. (Exhibit 2).
6. An aid pending protection was put in place to protect the appellant's benefits.
7. The appellant's immigration status was verified by her submission of an employment authorization card. (Testimony).

Analysis and Conclusions of Law

Generally, MassHealth regulations at 130 CMR 505.000 explain the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements **and** financial standards.

The coverage types set forth at 130 CMR 505.001(A) are as follows:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults³, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus - for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

³ “[Y]oung adults” are defined as those aged 19 and 20. See 130 CMR 501.001.

It should be noted that certain noncitizens may qualify for MassHealth benefits, depending on their legal status. MassHealth's regulations regarding citizenship and immigration can be found at 130 CMR 504.000, and specific requirements for immigrants are codified at 130 CMR 504.003.

The MassHealth regulations at 130 CMR 504.003 detail the circumstances in which these applicants may receive benefits. Regarding sections relevant to this appeal, "Lawfully Present Immigrants" such as the appellant are subdivided into three categories: Qualified Noncitizens, Qualified Noncitizens Barred, and Nonqualified Individuals Lawfully Present. See 130 CMR 504.003(A)(1), (2), and (3).

Individuals such as the appellant fall into the category of "Nonqualified Individuals Lawfully Present." See 130 CMR 504.003(A)(3). A list of such persons can be found at 130 CMR 504.003(A)(3)(c)(1)-(8) and include persons granted employment authorization under 8 CFR 274a.12(c). See 130 CMR 504.003(A)(3)(c)(3).

Here, there is no dispute that the appellant has been granted employment authorization. As such, the appellant is considered a nonqualified individual lawfully present. See id. Nonqualified individuals lawfully present are eligible for MassHealth Limited coverage if they are adults 21 through 64 years of age and meet the categorical requirements **and** financial standards for MassHealth Limited. See 130 CMR 504.006(B)(4). As the appellant is categorically qualified for MassHealth Limited, the question then becomes whether the appellant meets the financial standards.

MassHealth regulations at 130 CMR 505.006(B)(1)(b), set forth the financial standards for MassHealth Limited as follows:

1. children younger than one year old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 200% of the federal poverty level (FPL);
2. children one through 18 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
3. young adults 19 and 20 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
4. adults 21 through 64 years old who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL; and
5. 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.

In this case, the appellant is an adult between 21 through 64 years old with an income of \$2,817.10 per month. This amount equates to 211.01% of the FPL. The income limit for

MassHealth limited is 133% of the FPL. See 130 CMR 505.006(B)(1)(b)(4). As such, I find that MassHealth correctly determined that the appellant does not qualify for MassHealth benefits.

Moreover, the appellant could not present any evidence to support her qualification for MassHealth benefits. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983) (“[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings”).

For the foregoing reasons, the appeal is hereby DENIED.

Order for MassHealth

Remove aid pending protection.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290