

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517582
Decision Date:	1/5/2026	Hearing Date:	12/26/2025
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
[Redacted] Appeal Representative

Appearance for MassHealth:
Margaret Anoje, 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

Appeal Decision:	Denied	Issue:	Eligibility; Under 65; Immigration Status
Decision Date:	1/5/2026	Hearing Date:	12/26/2025
MassHealth's Rep.:	Margaret Anoje	Appellant's Rep.:	██████████
Hearing Location:	Springfield MassHealth Enrollment Center Room 1 (Remote)	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 November 3, 2025, MassHealth notified the appellant that she is eligible to receive MassHealth Limited and Health Safety Net benefits beginning on November 1, 2025. (Exhibit 1). The notice further stated that the appellant does not qualify for additional MassHealth benefits because she does not meet citizenship and immigration requirements. *Id.* The appellant filed this appeal in a timely manner on or about November 25, 2025. (130 CMR 610.015(B); Exhibit 2). The scope of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that she is eligible for Limited and Health Safety Net benefits beginning on November 1, 2025, and that she is not eligible for additional MassHealth benefits because of her immigration status.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is eligible for Limited and Health Safety Net benefits because of her immigration status.

Summary of Evidence

The MassHealth representative and the appellant's representative both appeared at the hearing telephonically. The record establishes the following: The appellant resides in a household of 1 with 0 household income listed on file. On November 3, 2025, the appellant completed an annual application online. On that same date, MassHealth notified the appellant that she is eligible for MassHealth Limited and Health Safety Net benefits beginning on November 1, 2025. The MassHealth representative explained that the appellant does not qualify for additional MassHealth benefits because of her immigration status as a qualified alien barred. She further explained that although the appellant obtained legal permanent residence, she has not been a resident for 5 years from the status award date of [REDACTED] 2023. The MassHealth representative stated that the appellant is eligible for and is currently enrolled in a ConnectorCare plan through the Health Connector.

The appellant's representative stated that the appellant does not have any income and cannot afford the costs of a health plan. She testified that the appellant is currently learning the English language and has questions regarding ConnectorCare plans. The MassHealth representative suggested that the appellant contact the Health Connector with any questions about ConnectorCare plans.

Findings of Fact

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

1. The appellant is between the ages of 21 and 65, in a household size of 1, with no monthly income.
2. On or about [REDACTED] 2023, the appellant received her legal permanent resident card.
3. On November 3, 2025, the appellant completed an annual renewal application online.
4. On November 3, 2025, MassHealth notified the appellant that she is eligible for Limited and Health Safety Net benefits beginning on November 1, 2025. The notice further stated that the appellant does not qualify for additional MassHealth benefits because of her immigration status.
5. The appellant is eligible for, and is currently enrolled in, a ConnectorCare plan through the Health Connector.

6. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

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

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults¹, 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) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) 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) Small Business Employee Premium Assistance for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) 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
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

¹ “Young adults” are defined at 130 CMR 501.001 as those aged 19 and 20.

The appellant has been a legal permanent resident since 2023 and has verified this status to MassHealth. As such, the appellant is a lawfully present immigrant, and, more specifically, is considered a qualified noncitizen barred (130 CMR 504.003(A)(2)).²

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 aged 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*; (emphasis added)

(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)*.

MassHealth has determined that the appellant meets the categorical and financial requirements for MassHealth Limited coverage, and the appellant has not presented any evidence that would support an upgrade in coverage.

The appeal is denied.³

² Qualified noncitizens barred are individuals who have a status listed at 130 CMR 504.003(A)(1)(b)(1) (legal permanent resident, parolee for at least one year, or battered noncitizen) and do not meet one of the conditions in 130 CMR 504.003(A)(1)(b)(2). Qualified noncitizens barred, like qualified noncitizens, are lawfully present nonqualified individuals.

³ The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL ([1-877-623-6765](tel:1-877-623-6765)).

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104