

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2518929
<b>Decision Date:</b>	01/27/2026	<b>Hearing Date:</b>	01/21/2026
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Lorena Garcia, Tewksbury 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Immigration Status
<b>Decision Date:</b>	01/27/2026	<b>Hearing Date:</b>	01/21/2026
<b>MassHealth's Rep.:</b>	Lorena Garcia	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 1 (Remote)	<b>Aid Pending:</b>	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 December 18, 2025, MassHealth notified the appellant that she is eligible to receive MassHealth Limited and Health Safety Net benefits beginning on December 16, 2024. (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 December 22, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth notified the appellant that the appellant is eligible for Limited and Health Safety Net benefits beginning on December 16, 2024, 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 October 12, 2025, MassHealth received the appellant's renewal application and updated income information (Exhibit 4, p. 1). On December 18, 2025, MassHealth notified the appellant that she is eligible for MassHealth Limited and Health Safety Net benefits beginning on December 16, 2024.

The MassHealth representative explained that the appellant does not qualify for additional MassHealth benefits because of her immigration status as a re-entry without a legal permanent resident card; the appellant's representative stated that the appellant obtained a legal permanent resident card approximately [REDACTED]. The MassHealth representative updated the appellant's immigration status as a qualified alien barred. She explained that while the appellant's immigration status was updated, she does not qualify for MassHealth benefits because she has not been a resident for 5 years from the status award date of her legal permanent resident card, which is [REDACTED].

The appellant's representative asked if the appellant would lose her Tufts health plan through the Health Connector. The MassHealth representative suggested that the appellant contact the Health Connector with any questions about her ConnectorCare plan. She explained that the Health Connector is separate and apart from MassHealth. The appellant's representative stated that she will continue advocating for the appellant because she suffers from nerve pain and therefore needs MassHealth coverage. (See, Exhibit 4, pp. 2-4). Additionally, the appellant's representative asked if MassHealth assists with the costs of utilities and with food stamps. The MassHealth representative explained the process to request assistance for utilities. As for food stamps, she explained that the appellant would need to contact the Department of Transitional Assistance (DTA) directly.

## Findings of Fact

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

1. The appellant is under the age of 65, in a household size of 1, with no monthly income.

2. On or about [REDACTED], the appellant received her legal permanent resident card.
3. On October 12, 2025, MassHealth received the appellant's renewal application.
4. On December 18, 2025, MassHealth notified the appellant that she is eligible for Limited and Health Safety Net benefits beginning on December 16, 2024. The notice further stated that the appellant does not qualify for 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 adults<sup>1</sup>, 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;

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

(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.

The appellant has been a legal permanent resident since 2023 and 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)).<sup>2</sup>

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)*.

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<sup>2</sup> 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.

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.<sup>3</sup>

## 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.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc:

[REDACTED]

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

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