

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2600353
Decision Date:	2/19/2026	Hearing Date:	02/04/2026
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se;




Appearance for MassHealth:
Roslyn Gomes, Taunton 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 – over 65; Immigration status
Decision Date:	2/19/2026	Hearing Date:	02/04/2026
MassHealth’s Rep.:	Roslyn Gomes	Appellant’s Rep.:	
Hearing Location:	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 January 2, 2026, MassHealth notified the appellant that she has been approved for MassHealth Family Assistance with no monthly premiums. See 130 CMR 519.013 and Exhibit 1. The appellant filed this appeal in a timely manner on January 5, 2026. See 130 CMR 610.015(B) and Exhibit 2. Challenging agency determinations regarding scope and amount of assistance is valid grounds for appeal to the Board of Hearings. See 130 CMR 610.032(A)(5).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Family Assistance coverage.

Issue

Whether MassHealth was correct in determining that the appellant qualifies for MassHealth Family Assistance. See 130 CMR 518.003; 130 CMR 519.013.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. The appellant appeared pro se with her daughter 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 submitted a first-time application to MassHealth in December 2025. The appellant was approved for MassHealth Family Assistance coverage after MassHealth verified the appellant's immigration status as a permanent resident. The MassHealth representative stated that based on documentation reviewed, the appellant became a permanent resident on December 11, 2025. Through a notice dated January 2, 2026, MassHealth notified the appellant that she has been approved for MassHealth Family Assistance.

The appellant confirmed her status as a permanent resident. She stated that she believes the date of her permanent residency to be sometime in November 2025, but she is not certain. She added that she has no income, [REDACTED] and requested full medical coverage.

The MassHealth representative responded that the appellant has to be a permanent resident for at least five years before qualifying for expanded coverage.

Findings of Fact

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

1. The Appellant is over [REDACTED] years of age. (Exhibit 4).
2. The appellant has been a permanent resident for less than five years.
3. Through a notice dated January 2, 2026, MassHealth approved the appellant for MassHealth Family Assistance. (Testimony and Exhibit 1).
4. The appellant filed this appeal in a timely manner on January 5, 2026. (Exhibit 2).

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold. One of the major dividing lines for categorical eligibility is the age of [REDACTED]. Individuals aged [REDACTED] and older have eligibility for MassHealth benefits determined using the regulations at 130 CMR 515.000-520.000, and those under [REDACTED] are typically determined by the regulations at 130 CMR 501.000-508.000. Moreover, certain noncitizens may qualify for

MassHealth benefits, depending on their legal status. MassHealth's regulations regarding citizenship and immigration for individuals aged [REDACTED] and older can be found at 130 CMR 518.000, and specific requirements for immigrants are codified at 130 CMR 518.003. 518.006

Here, the appellant is a noncitizen over the age of [REDACTED]. As such, her eligibility for MassHealth benefits will be determined using the regulations at 130 CMR 515.000-520.000.

The MassHealth regulations at 130 CMR 518.003 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 518.003(A)(1), (2), and (3).

"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." See 130 CMR 518.003(A)(1)(a). A list of such persons can be found at 130 CMR 518.003(A)(1)(a)(1)-(12) and include persons such asylees, refugees, and victims of human trafficking. The second category includes individuals who have been admitted for legal permanent residence but requires that such persons have either possessed such status for five or more years, have been in the U.S. since [REDACTED] or also have a status listed in the first category. See 130 CMR 518.003(A)(1)(b).

"Qualified Noncitizens Barred" are individuals who have a status listed at 130 CMR 518.003(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 518.003(A)(1)(b)2. Qualified noncitizens barred, like qualified noncitizens, are lawfully present nonqualified individuals. See 130 CMR 518.003(A)(2).

Here, both parties agreed that the appellant is a permanent resident. The MassHealth representative stated that the appellant became a permanent resident on December 11, 2025. The appellant was unsure of the date but stated that she believed it was in November 2025. Regardless of the difference of one month, the appellant has had this status for less than five years. As such, she is considered a qualified noncitizen barred. See *id.*

MassHealth regulations at 130 CMR 518.006(B), sets forth the applicable coverage type to qualified noncitizens barred and nonqualified individuals lawfully present as follows:

- (1) MassHealth Family Assistance if they are adults [REDACTED] years of age or older and meet the categorical requirements and financial standards as described in 130 CMR 519.013: MassHealth Family Assistance or are receiving Emergency Aid to the Elderly, Disabled and Children (EAEDC); or
- (2) MassHealth Limited if they are adults [REDACTED] years of age or older and meet the categorical requirements and financial standards as described in 130 CMR 519.009:

MassHealth Limited; or

(3) MassHealth Standard if they are younger than ■ years old or pregnant and meet the categorical and financial requirements described in 130 CMR 519.006: Long-term-care Residents or 519.007: Individuals Who Would Be Institutionalized.

(C) Nonqualified PRUCOLs may receive the following:

(1) MassHealth Family Assistance if they are adults ■ years of age or older and meet the categorical requirements and financial standards as described in 130 CMR 519.013: MassHealth Family Assistance or are receiving EAEDC; or

(2) MassHealth Limited if they are adults ■ years of age or older and meet the categorical requirements and financial standards as described in 130 CMR 519.009: MassHealth Limited.

(D) Other noncitizens ■ years of age or older may receive only MassHealth Limited if they meet the eligibility requirements in 130 CMR 519.009: MassHealth Limited.

In this case, the appellant is a qualified noncitizen barred because she has been a permanent resident for less than five years. She is over ■ years of age with no income. As such, I find that MassHealth correctly approved the appellant for MassHealth Family Assistance.

It should be noted that the appellant's self-attested breast cancer would not qualify her for any other coverage because no such exception is allowed in over the ■ MassHealth regulations. See 130 CMR 519.000; 130 CMR 518.000.

For the foregoing reasons, the appeal is hereby 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616