

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2601224
Decision Date:	2/25/2026	Hearing Date:	02/13/2026
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Glory DeJesus, Springfield



*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
Decision Date:	2/25/2026	Hearing Date:	02/13/2026
MassHealth’s Rep.:	Glory DeJesus	Appellant’s Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center Telephonic		

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 12/21/25, MassHealth informed the appellant that she was not eligible for MassHealth benefits because she does not meet citizenship and immigration requirements. The appellant is eligible for Health Safety Net benefits starting on 11/1/25. (130 CMR 504.000 and Exhibit 1). The appellant filed this appeal in a timely manner on 1/14/26. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is a valid ground for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant’s application for MassHealth.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 504.006, in determining that the appellant does not meet citizenship and immigration requirements.

Summary of Evidence

The appellant is under the age of 65 and is in a household of 2. The MassHealth representative testified that on 11/26/25, the appellant completed a renewal application through the online portal. The MassHealth representative testified that the appellant reported a household income of \$4,798.83/month which is 267.31% of the federal poverty level for a family of 2.¹ The MassHealth representative testified that the appellant was issued a legal permanent resident, [REDACTED] on [REDACTED] 25, which was less than 5 years ago; therefore, she does not qualify for any MassHealth program. The MassHealth representative testified that the appellant qualifies for a Connector Care Plan Type 3B.² The appellant is also eligible for Health Safety Net starting on 11/1/25.³

The appellant testified that she cannot afford the cost of a Connector Care Plan due to the cost of rent and utilities.

Findings of Fact

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

1. The appellant is under the age of 65.
2. The appellant is in a household of 2.
3. On 11/26/25, the appellant completed a renewal application through the online portal.
4. The appellant reported a household income of \$4,798.83/month, which is 267.31% of the federal poverty level for a family of 2.
5. The appellant was issued a [REDACTED] on [REDACTED] 25.
6. The appellant qualifies for a Connector Care Plan Type 3B.
7. The appellant is eligible for Health Safety Net starting on 11/1/25.

Analysis and Conclusions of Law

¹ Appellant's income of \$2,589 a month and her spouse's income of \$2,209.83 a month.

² Connector Care plan types are based on income. The appellant's reported household income is 267.31% of the federal poverty level.

³ Health Safety Net may be able to help pay for certain health care services at Massachusetts acute hospitals or community health centers.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." *Craven v. State Ethics Comm'n*, 390 Mass. 191, 200 (1983).

130 CMR 504.003: Immigrants

(A) Lawfully Present Immigrants. Qualified noncitizens, qualified noncitizens barred, and nonqualified individuals lawfully present are considered lawfully present immigrants. The applicable coverage for qualified noncitizens, qualified noncitizens barred, and nonqualified individuals lawfully present is listed in 130 CMR 504.006.

(1) Qualified Noncitizens. There are two groups of qualified noncitizens:

...

(b) noncitizens who are qualified based on having a qualified status identified in 130 CMR 504.003(A)(1)(b)1 and who have satisfied one of the conditions listed in 130 CMR 504.003(A)(1)(b)2. Such individuals:

1. have one or more of the following statuses:
 - a. admitted for legal permanent residence (LPR) under the Immigration and Nationality Act (INA); or
 - b. granted parole for at least one year under section 212(d)(5) of the INA; or
 - c. are the battered spouse, battered child, or child of battered parent or parent of battered child who meets the criteria of section 431(c) of PRWORA; and also
2. satisfy at least one of the three following conditions:
 - a. they have had a status in 130 CMR 504.003(A)(1)(b)1. for five or more years (a battered noncitizen attains this status when the petition is accepted as establishing a prima facie case);
 - b. they entered the U.S. prior to August 22, 1996, regardless of status at the time of entry, and have been continuously present in the U.S. until attaining a status listed in 130 CMR 504.003(A)(1)(b)1.; for this purpose an individual is deemed continuously present who has been absent from the U.S. for no more than 30 consecutive days or 90 nonconsecutive days prior to attaining a status listed in 130 CMR 504.003(A)(1)(b)1.; or
 - c. they also have or had a status listed in 130 CMR 504.003(A)(1)(a).

(2) Qualified Noncitizens Barred. 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.

...

130 CMR 504.006: Applicable Coverage Types

- (A) Citizens, qualified noncitizens, and protected noncitizens may receive MassHealth under any coverage type if they meet the eligibility requirements described in 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types.
- (B) 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 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; and⁴
 - (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).

The appellant is classified as a Qualified Noncitizen Barred. She must satisfy one of three statuses and one of three conditions set forth in the regulations to qualify for benefits, other than MassHealth Limited.

The appellant is a qualified noncitizen barred, and she is not categorically eligible for any MassHealth program under 130 CMR 504.006(B) due to her age, disability status, and gross household income.

⁴ MassHealth Limited income eligibility: qualified noncitizens barred, as described in 130 CMR 504.003(A)(2): Qualified Noncitizens Barred, and nonqualified individuals lawfully present, as described in 130 CMR 504.003(A)(3): Nonqualified Individuals Lawfully Present who are 1. adults, including parents and caretaker relatives, 21 through 64 years old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL; 130 CMR 505.006(B)(c).

The appeal is 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.

Christine Therrien
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center