

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2504950
<b>Decision Date:</b>	6/11/2025	<b>Hearing Date:</b>	04/30/2025
<b>Hearing Officer:</b>	Christopher Jones		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Timothy O' Donnell



*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>	Community Eligibility - under 65; Verifications; Household size/tax dependents
<b>Decision Date:</b>	6/11/2025	<b>Hearing Date:</b>	04/30/2025
<b>MassHealth's Rep.:</b>	Timothy O'Donnell	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephonic	<b>Aid Pending:</b>	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 notices dated March 25, 2025, MassHealth terminated MassHealth Family Assistance benefits for both of the appellant's children because the appellant had not supplied proof of income in the time allowed. (Exhibit 1; Exhibit 2; 130 CMR 502.003(D).) The appellant filed timely appeals on March 26, 2025, and her children's benefits are protected pending the outcome of this appeal. (Exhibit 3; Exhibit 4; 130 CMR 610.015(B); 610.036.) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

## Action Taken by MassHealth

MassHealth terminated the appellant's children's coverage because her household did not provide information needed to determine their eligibility.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.003, in determining that the appellant failed to provide requested verifications to determine ongoing eligibility.

## Summary of Evidence

MassHealth's representative testified that the appellant's children had been covered by MassHealth Family Assistance benefits. MassHealth's computer systems attempted to renew the household's eligibility in February 2025. As part of this renewal, MassHealth requested that the appellant and her husband provide updated income verifications. The request for income verifications was due on March 15, 2025. When the requested verifications were not received, MassHealth mailed out the termination notices under appeal. MassHealth's representative testified that the appellant's household includes her husband and her two minor children. MassHealth's representative testified that the agency had found gross biweekly income of \$1,200 for the appellant, and \$1,600 for her spouse. However, they still had not received the appellant's income verifications, so they could not reactivate coverage.

The appellant testified that her husband is not the father of her children. The appellant and her husband claim the appellant's son, and the children's father claim the appellant's daughter. The appellant also testified that she and her husband are separating. She confirmed that she and her husband filed taxes jointly for 2024, and at the moment they are living together. The appellant did not want him on her application because she cannot rely on him for financial support. The appellant also identified that both of her children have special needs, and she just had surgery and was out of work on FMLA leave. The appellant acknowledged that she did not return any income verifications to MassHealth.

MassHealth's representative noted that there are no disability supplements on file for anyone in the household. MassHealth's representative was going to mail disability supplements to the appellant for her children. However, the appellant still needed to verify her income in order to reactivate benefits. The appellant could verify the amount she is receiving in FMLA benefits, but she would also need to update MassHealth within 10 days of her return to work if that caused her income to change. MassHealth informed the appellant that, once she has verified her income, her children should be reactivated in Family Assistance with a monthly premium. The appellant noted that she already had past due premiums with MassHealth. She was informed that these needed to be addressed to Premium Billing, but that they could work with her to create a payment plan.

## Findings of Fact

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

- 1) The appellant lives with a spouse and filed a joint tax return for 2024. (Testimony by the appellant.)
- 2) MassHealth mailed out requests for income verification which were due back on March 15, 2025. (Testimony by MassHealth's representative.)

- 3) MassHealth did not receive the requested income verifications from the appellant. (Testimony by MassHealth’s representative and the appellant.)

## **Analysis and Conclusions of Law**

MassHealth requires verification of eligibility factors. That information can be requested from other agencies and electronic data resources, or directly from the applicant or member. (See 130 CMR 502.003.) Periodically, MassHealth matches member’s information with other agencies and information sources as described in 130 CMR 502.004 to update or verify eligibility. (130 CMR 502.007(C)(3).) “If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, [MassHealth] will notify the member ... and require the member to respond within 30 days of the date of the notice.”<sup>1</sup> (130 CMR 502.007(C)(3)(a).) “If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated ... .” (130 CMR 502.003(D)(2)(c).)

MassHealth was also correct to require the appellant verify her husband’s income to establish eligibility for benefits. For populations under the age of 65, financial eligibility for MassHealth benefits is based upon a “Household Composition.” (See 130 CMR 506.002.) There are “MAGI Households” and “Disabled Adult Households.” MAGI households are based upon the tax filing status of the household. Spouses are included in the MAGI Household if either “the taxpayers are married and filing jointly regardless of whether they are living together,” or the taxpayer and their spouse are living together, “regardless of filing status.” (130 CMR 506.002(B)(1)(a)-(b).) A spouse is also included in a Disabled Adult Household if they are living together. (130 CMR 506.002(C)(2).) The appellant’s children may be treated differently based upon their tax-reporting status (compare 130 CMR 506.002(B)(2)(a) with 506.002(B)(3)), but their eligibility cannot be redetermined until the household income has been verified.

There is no dispute that the appellant did not provide requested income verifications for herself or her spouse. Therefore, the termination of coverage was correct, and this appeal is DENIED.

## **Order for MassHealth**

Remove Aid Pending.

## **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

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<sup>1</sup> Under other circumstances, members are given 90 days to verify eligibility factors. (See 130 CMR 502.001(B).)

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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Christopher Jones  
Hearing Officer  
Board of Hearings

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