

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2505503
<b>Decision Date:</b>	06/26/2025	<b>Hearing Date:</b>	04/30/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**



**Appearance for MassHealth:**  
Miguel Sanchez, Taunton 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>	Community Eligibility—under 65
<b>Decision Date:</b>	06/26/2025	<b>Hearing Date:</b>	04/30/2025
<b>MassHealth's Rep.:</b>	Miguel Sanchez	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center (Telephone)	<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 March 26, 2025, MassHealth notified the Appellant that her MassHealth coverage was terminating April 9, 2025, because she no longer met MassHealth's continuous coverage rules. 130 CMR 505.002(L) and Exhibit 1. The Appellant filed this appeal in a timely manner on April 4, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth benefit.

### Issue

The appeal issue is whether MassHealth was correct in terminating the Appellant's MassHealth benefit because she failed to provide requested information in the time allowed.

### Summary of Evidence

The hearing was held by telephone. The Appellant is [REDACTED] and lives in the community with her mother. The MassHealth representative testified that the Appellant is under her mother's MassHealth account and that the Appellant's mother is the head of the household. The MassHealth representative testified that the Appellant and her mother had failed to timely submit completed job update forms to MassHealth, which led to the termination notice. On February 15, 2025, MassHealth sent the head of household a notice stating that "MassHealth has received information that you or a member of your household has a job that has not been reported to us. MassHealth members must report changes such as new jobs and income within 10 days of the change so that we can redetermine your eligibility for health benefits." Exhibit 5. The notice directed that the information be submitted by March 17, 2025, and warned that failing to respond may result in MassHealth benefits ending or decreasing. *Id.*

The Appellant verified her identity. The Appellant testified that her address had changed and provided the new address to the MassHealth representative. The Appellant and her mother were displaced by a fire on [REDACTED], and had to move, but they did not inform MassHealth of the address change. *See also* Exhibit 2. The Appellant admitted that she was confused as to what the hearing was about, and she stated that the change of address created a hindrance in receiving MassHealth mail.

The MassHealth representative responded by clarifying that the Appellant's coverage was ended due to not filing a completed job update form with MassHealth. The MassHealth representative testified that if the Appellant and her mother complete and submit the job update forms and their income is the same, they will likely regain their MassHealth benefits. The MassHealth representative testified that all adults in the household must complete the form before MassHealth restores coverage.

## Findings of Fact

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

1. The Appellant is [REDACTED] and resides in the community with her mother. The Appellant's mother is the head of the household for MassHealth purposes. Testimony and Exhibit 4.
2. The Appellant and her mother were displaced by a fire on [REDACTED], and had to move to a different address, but did not inform MassHealth of their new address. Exhibit 2.
3. On February 15, 2025, MassHealth sent the head of household a notice stating that "MassHealth has received information that you or a member of your household has a job that has not been reported to us. MassHealth members must report changes such as new jobs and income within 10 days of the change so that we can redetermine your eligibility for

health benefits.” The notice directed that the information be submitted by March 17, 2025, and warned that failing to respond may result in MassHealth benefits ending or decreasing. The notice was sent to the Appellant’s prior address. Exhibit 5.

4. On March 26, 2025, MassHealth sent a notice to the Appellant’s prior address informing the Appellant that her coverage was ending as of April 9, 2025. Exhibit 1.
5. On April 4, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.
6. The MassHealth representative testified that MassHealth had the wrong address for the Appellant. Testimony.
7. The MassHealth representative testified that the Appellant’s MassHealth benefit ended because the adults in the household failed to timely submit completed job update forms to MassHealth. Testimony.

## **Analysis and Conclusions of Law**

MassHealth regulations state:

### 501.010: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency’s request. If the member does not cooperate, MassHealth benefits may be terminated.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

130 CMR 501.010.

MassHealth requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity. 130 CMR 502.003. MassHealth initiates information matches with other agencies and information sources as described at 130 CMR 502.004. 130 CMR 502.003. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual. 130 CMR 502.003(B). If additional documentation is required, a request for information notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications. 130 CMR 502.003(C).

Here, the Appellant and the head of household failed to submit a job update form, as requested by MassHealth. The request for information notice stated that “MassHealth has received information that you or a member of your household has a job that has not been reported to us. MassHealth members must report changes such as new jobs and income within 10 days of the change so that we can redetermine your eligibility for health benefits.” Exhibit 5. The notice directed that the information be submitted within thirty days and warned that failing to respond may result in MassHealth benefits ending or decreasing. *Id.*

Under 130 CMR 501.010(B), MassHealth members have a responsibility to report changes to MassHealth “within ten days or as soon as possible.” Because of the fire, displacement, and relocation, I understand and find it reasonable that the Appellant and head of household did not report changes to MassHealth within ten days. However, as the hearing was held more than three months after fire, I do not find that the Appellant updated MassHealth “as soon as possible.” 130 CMR 501.010(B). Accordingly, while I am sympathetic to the stress of the Appellant’s situation, I find that MassHealth did not err in terminating the Appellant’s MassHealth benefit for failing to timely provide MassHealth with updated job and income information. Therefore, 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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

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