

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508334
Decision Date:	8/25/2025	Hearing Date:	07/02/2025
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:  
Pro se

Appearance for MassHealth:  
Sherianne Paiva, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65; Termination; Residency
<b>Decision Date:</b>	8/25/2025	<b>Hearing Date:</b>	07/02/2025
<b>MassHealth's Rep.:</b>	Sherrienne Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center Room 1 (Remote)	<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 notice dated May 13, 2025, MassHealth notified the appellant that her benefits were terminating on May 27, 2025, because MassHealth determined that she did not provide proof of residency within the time allowed. (Exhibit 1). The appellant filed a timely appeal of this notice on May 29, 2025. (Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal. (130 CMR 610.032). The appellant was entitled to retain her prior level of benefits pending the outcome of the hearing. (130 CMR 610.036).

### Action Taken by MassHealth

MassHealth notified the appellant that her benefits were terminating on May 27, 2025 because she did not submit proof of residency within the time allowed.

## Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that her benefits would terminate on May 27, 2025 because she did not provide proof of residency within the time allowed.

## Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing telephonically and testified as follows:

The appellant is between the ages of 21 and 65 who resides in a household of 1 with no income, which amounts to 0% of the federal poverty level. The appellant's CarePlus benefits are currently protected with aid pending. On February 5, 2025, MassHealth sent the appellant a request for information, requesting her to provide proof of residency by May 6, 2025. MassHealth did not receive the appellant's proof of residency by the due date. On May 13, 2027, MassHealth sent the appellant a termination notice notifying her that her benefits would be terminating on May 27, 2025 because she did not provide proof of residency within the time allowed. (Exhibit 1). As of the date of hearing, MassHealth had not received the appellant's proof of residency. The MassHealth representative explained that because the appellant does not have any utility bills, rental agreements, or a mortgage under her name, which are acceptable proofs of residency, MassHealth will also accept a self-attested letter that she resides at the address, so long as she includes her name, MassHealth Member ID number, complete address, signature, and date of signature on said letter.

The appellant testified through an interpreter and explained that she already faxed a self-attested letter to MassHealth approximately one month ago. The MassHealth representative confirmed that she has not received the appellant's self-attested letter. She explained that there is a MassHealth Enrollment Center located in the vicinity of the appellant's residence which the appellant could visit to submit her self-attested letter in-person. She explained that going to the MassHealth Enrollment Center in person would be quicker than faxing or mailing her self-attested letter.

The appellant argued that she already faxed the requested proof of residency documentation to the fax number provided to her. The MassHealth representative asked what was the fax number that the appellant used; the appellant stated that she did not recall the number that was provided to her. The MassHealth representative explained that if the appellant did not fax her documentation to MassHealth's main fax line, she has no way to confirm the appellant's submission. She stated that the appellant can also re-submit her self-attested letter by fax, so long as she uses the general fax number that all of MassHealth can access.

The appellant argued that she submitted the requested documentation to MassHealth's main fax

line. The MassHealth representative asked if the appellant received a fax confirmation when she previously faxed her documentation to MassHealth. She stated that if the appellant can provide fax confirmation to MassHealth, MassHealth will honor the date of her previous submission. The appellant stated that she received confirmation of her fax. She stated that she would consider going to the closest MassHealth Enrollment Center.<sup>1</sup>

## **Findings of Fact**

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

1. The appellant is between the ages of 21 and 65. She lives in a household of 1 with no income which equates to 0% of the federal poverty level.
2. The appellant receives CarePlus benefits with aid pending protection in place.
3. On February 5, 2025, MassHealth sent the appellant a request for information, requesting her to provide proof of residency by May 6, 2025.
4. MassHealth did not receive the appellant's proof of residency by the due date.
5. On May 13, 2027, MassHealth sent the appellant a termination notice notifying her that her benefits would be terminating on May 27, 2025 because she did not provide proof of residency within the time allowed.
6. The appellant timely appealed this MassHealth action.

## **Analysis and Conclusions of Law**

At issue in this appeal is whether MassHealth correctly determined that the appellant's CarePlus benefits would terminate on May 27, 2025 because she did not provide proof of residency within the time allowed. MassHealth maintains that it did not receive the appellant's proof of residency; the appellant argues that she previously submitted a self-attestation to MassHealth via fax and should not be required to do so again.

Per 130 CMR 501.010(A), 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. Pursuant to 130 CMR 503.002, as a condition of eligibility, an applicant must be a

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<sup>1</sup> The appellant's telephone line disconnected thereafter, an attempt to reach her again by telephone was unsuccessful.

resident of the Commonwealth of Massachusetts. In accordance with 130 CMR 502.002(B), the MassHealth agency requests all corroborate information necessary to verify eligibility during the provisional eligibility period. The applicant must supply such information within 90 days of receipt of the Request for Information notice, as described at 130 CMR 502.003(C). Pursuant to 130 CMR 502.002(C), if the necessary information is not received within the 90 day provisional eligibility period referenced in 130 CMR 502.003(E), with the exception of individuals described at 130 CMR 502.001(D)(1) through (3), the MassHealth agency will attempt to redetermine eligibility using electronic data sources, if available, but if such information is not available from these sources, the applicant's MassHealth benefits will be terminated, as described in 130 CMR 502.003(D)(2).

In the present case, the appellant does not fall under any of the categories described at 130 CMR 502.001(D)(1) through (3) and the record supports MassHealth's contention that it did not receive the appellant's self-attestation of residency. As there is no evidence to indicate that MassHealth erred in terminating the appellant's MassHealth benefits, the appeal is denied.

## **Order for MassHealth**

None, other than to 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 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

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