

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part, Dismissed in part, Denied in part	Appeal Number:	2509548
Decision Date:	8/26/2025	Hearing Date:	07/16/2025
BOH Deputy Director/Hearing Officer:	Paul C. Moore	Record Closed:	08/12/2025

Appellant Representative:



MassHealth Representative:

Alain Michel, Tewksbury MEC (by telephone)



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Approved in part, Dismissed in part, Denied in part	Issue:	Frail Elder Waiver; Verifications and Excess Assets
Decision Date:	8/26/2025	Hearing Date:	07/16/2025
MassHealth Rep.:	Alain Michel	Appellant Rep.:	Counsel
Hearing Location:	Board of Hearings (remote)		

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 June 10, 2025, MassHealth notified the appellant that her MassHealth application was denied because she failed to give MassHealth the information needed to decide her eligibility within the required time frame, and because she has more countable assets than MassHealth benefits allow (Exhibit 1).¹ On June 25, 2025, the appellant timely filed an appeal and requested a fair hearing with the Board of Hearings (BOH) (Exhibit 3; 130 CMR 610.015(B)(1)). Denial of assistance is a valid ground for appeal to the BOH (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for frail elder waiver services due to missing verifications, and due to excess assets.

¹ The notice also states, "If [the appellant] reduces assets to \$ (sic) within the 30-day time frame, or shows MassHealth [the appellant] incurred medical bills that equal the amount of [the appellant's] excess assets, [the appellant] may be eligible for MassHealth benefits based on the date of [the appellant's] application."

Issue

Was MassHealth correct in denying the appellant's MassHealth application?

Summary of Evidence

A MassHealth representative from the Tewksbury MassHealth Enrollment Center (MEC) testified by telephone that appellant, who is over age 65 and married, submitted an application for the MassHealth frail elder waiver on February 19, 2025. On March 6, 2025, MassHealth sent a request for verifications of assets to the appellant and her spouse. According to the MassHealth representative, the appellant had until June 4, 2025 to provide all verifications of assets. The MassHealth representative also testified that MassHealth received certain verifications from the appellant on various dates, including on March 28, April 1, April 10, and June 12, 2025; the latter date was after the June 4, 2025 deadline. Because not all verifications were timely received, the MassHealth "system" generated a denial notice to the appellant stating that all required verifications were not received, and that the appellant had more countable assets than MassHealth benefits allow. The notice did not specify in what amount the appellant's assets exceeded MassHealth limits. The MassHealth representative did not address, in his testimony, the portion of the June 10, 2025 denial notice stating that the appellant had excess assets (Testimony).

The MassHealth representative testified that subsequently, the appellant produced all required verifications; and as a result, MassHealth generated a notice to the appellant, dated June 27, 2025, reflecting that she had excess assets, and that she had 30 days from the date of the June 27, 2025 to provide evidence of an asset spenddown (Testimony).

The June 10, 2025 denial notice reflects that the following verifications were still missing:

- Proof of assets from a trust, the [REDACTED] Revocable Trust (due date June 9, 2025) (MassHealth received the trustee letter however need *(sic)* the copy of the entire trust including any amendments)
- Proof of assets from a trust, the [REDACTED] [REDACTED] (due date June 9, 2025) (MassHealth received the trustee letter however need *(sic)* the copy of the entire trust including any amendments)
- Notice of Home and Community-Based Services Waiver Clinical Eligibility for the appellant (due date June 9, 2025)
- Proof of assets from a trust, the [REDACTED] Living Revocable Trust (due date June 9, 2025) (please send in a copy of the entire signed trust including any amendments. Please send in a letter from the trustee stating all assets held in this trust, whose assets funded this trust, and if any distributions of income or principal from the trust have been made. Please send in proof of current value for all assets held in this trust and verification of any distributions made from this trust)

- Proof of assets from a trust [REDACTED] (due date June 9, 2025) (MassHealth received the trustee letter however need (sic) the copy of the entire trust including any amendments)

(Exh. 1, p. 3) ²

The MassHealth representative testified that the appellant, in order to be financially eligible for the frail elder waiver, can keep no more than \$2,000.00 of her own assets. He noted that the appellant's spouse's assets are not countable to the appellant in her eligibility determination for the frail elder waiver. Eligibility for services, if approved, would begin on the first day of the month in which the application was submitted.

According to the appellant's MassHealth application, she receives \$726.00 in Social Security benefits monthly (Exh. 12).

The appellant was represented at hearing by an attorney, whose office prepared the relevant MassHealth application. He testified that all verifications were submitted prior to the June 4, 2025 deadline, except for the Notice of Home and Community-Based Services Waiver Clinical Eligibility, which he obtained from [REDACTED] Senior Services and produced to MassHealth on June 12, 2025. The attorney testified that some documents identified as missing with the June 10, 2025 denial letter were actually not requested in the March, 2025 MassHealth information request to the appellant.³ He testified also that he had not yet received a copy of the June 27, 2025 excess assets denial notice, and therefore did not know how MassHealth was counting the appellant's assets.

In response to this testimony, the MassHealth representative testified to the following breakdown of non-trust assets countable to the appellant: [REDACTED] joint account, account number ending in [REDACTED] with a verified balance of \$118,498.55 as of April 2, 2025 (half of this amount, \$59,249.28, is countable to the appellant); [REDACTED] joint account, account number ending in [REDACTED] with a verified balance of \$6,553.73 as of April 2, 2025 (half of this amount, \$3,276.87, is countable to the appellant); and a [REDACTED] joint account, account number ending in [REDACTED] with a verified balance of \$16,841.18 as of April 11, 2025 (half of this amount, \$8,420.59, is countable to the appellant). Finally, the couple has a vacation home, which is not their primary residence, in [REDACTED] with a total value of \$235,272.00, so MassHealth is counting half of this amount, or \$117,636.00, to the appellant.⁴ In addition, the MassHealth representative testified that a trust owned by the couple, the [REDACTED] is irrevocable, and as such, none of the assets, if any, in this trust are countable to the appellant (Testimony, Exh. 6).

² Initials are used to protect confidentiality.

³ In the March 10, 2025 request for information sent by MassHealth, the notice of home and community-based services waiver clinical eligibility was requested.

⁴ In the January 8, 2025 cover letter to MassHealth from the appellant's attorney, with which he submitted a copy of the appellant's frail elder waiver application (Exh. 12A), he states that the [REDACTED] residence is currently owned by the appellant and her spouse, "but will be retitled to the appellant's spouse individually" (Exh. 12A, p. 27).

The appellant's attorney acknowledged at hearing that the vacation home in [REDACTED] is jointly owned by the appellant and her spouse but asserted that the value of the vacation home is a little over \$100,000.00.⁵

The Deputy Director who heard the appeal requested, from MassHealth, a copy of the March 10, 2025 request for information sent by MassHealth to the appellant. In addition, the Deputy Director requested a copy of the subsequently issued June 27, 2025 notice apprising the appellant that she is ineligible due to excess assets. These documents were produced by the MassHealth representative to the Deputy Director and to the appellant's attorney by email on July 22, 2025 (Exhs. 7 & 8).⁶

The appellant's attorney, at the close of the hearing, requested an opportunity to file a post-hearing memorandum of law providing evidence that all verifications were timely received by MassHealth, that she does not have excess assets, and that the June 10, 2025 MassHealth notice stating that the appellant had excess assets, without identifying an excess asset amount, was flawed and deprived the appellant of due process. The Deputy Director gave the appellant's attorney until August 13, 2025 to produce this memorandum of law ("memo"), and gave MassHealth until August 27, 2025 to respond in writing.

On August 8, 2025, the Deputy Director and the MassHealth representative received from the appellant a memo and attachments via e-mail, including an affidavit of [REDACTED] a paralegal employed by the appellant's attorney, as well as a copy of the original MassHealth application filed on the appellant's behalf in January, 2025, copies of supporting documents sent with this application, as and other supporting documents subsequently sent to MassHealth (Exh. 9).⁷ In her memo, the appellant argues that despite representations to the contrary by the MassHealth representative, the June 27, 2025 excess assets notice to the appellant does not make the June 10, 2025 MassHealth notice, at issue in this appeal, obsolete, nor does it operate to supersede or rescind the June 10, 2025 notice. The appellant asserts that MassHealth lost, at least temporarily, the 1700-page MassHealth application filed by the appellant in January, 2025, which is why MassHealth considers the February 19, 2025 application date as the "operative" application date (Exh. 9, p. 1).

However, there is no record evidence, such as a deed from the appellant to her spouse, that this "retirement" ever occurred.

⁵ In a 2023 [REDACTED] tax bill for the [REDACTED] vacation home, the assessed value is listed as \$111,098.00 (Exh. 12A, p. 67).

⁶ The March 10, 2025 request for information from MassHealth to the appellant did not seek a copy of the [REDACTED] Realty Trust, yet the non-receipt of this information by June 9, 2025 is cited as one of the grounds for the missing verifications denial dated June 10, 2025 (Exh. 1, Exh. 7).

⁷ Again, initials are used to protect confidentiality.

The memo points out that MassHealth never acknowledged having received the January 8, 2025 application submission, and includes a receipt from the U.S. Postal Service reflecting that the application and supporting documents were delivered to MassHealth on January 10, 2025 (*see*, [REDACTED] affidavit, paragraph five). Among the supporting documents included with the application, according to [REDACTED] affidavit, were copies of various trust instruments, including the [REDACTED] Living Revocable Trust, the [REDACTED] Revocable Trust, the [REDACTED] Trust, the [REDACTED] Realty Trust, and the [REDACTED] Realty Trust, including schedules of trust beneficiaries and trust amendments (Exh. 12A). The memo also points out that [REDACTED] sent at least ten faxes to MassHealth to confirm receipt of the application and supporting documents in February and March, 2025. The [REDACTED] affidavit reflects that [REDACTED] responded promptly to the March 10, 2025 request for information from MassHealth, on March 28, April 1, and April 10, 2025, respectively. In addition, the [REDACTED] affidavit reflects that MassHealth sent a second request for information to the appellant on April 11, 2025, and that again, [REDACTED] responded to this request on May 7, 2025 with the documents requested.⁸ Additional requests for information from MassHealth were sent on June 5, 2025 and June 13, 2025, to which the appellant promptly responded, according to the [REDACTED] affidavit (*Id.*, p. 2).

The appellant also argues, in her memo, that many of these requests from MassHealth sought information that had already been provided, and that specifically, the appellant previously provided records of all trust activity, which reflected that all trust assets had been transferred to the appellant's husband, individually (*Id.*, p. 1).⁹

On August 12, 2025, the MassHealth representative responded to the appellant's memo via e-mail to the Deputy Director and to the appellant's attorney, as follows:

⁸ One such responsive document is an April 30, 2025 trustee letter from [REDACTED] the appellant's husband, reflecting that the [REDACTED] Revocable Trust and the [REDACTED] Living Revocable Trust both currently have no assets, and that these trusts were the beneficiaries of the couple's realty trusts, including the [REDACTED] Realty Trust and the [REDACTED] Realty Trust. Any real estate owned by these trusts was transferred out of trust to [REDACTED] individually in January, 2024. Only the [REDACTED] Realty Trust contained the appellant's primary residence, and this real estate was transferred out of trust to the appellant and her spouse by deed dated April 9, 2021. The appellant continues to live in this real estate as her primary residence (Exh. 3).

⁹ According to Exh. 12A, which contains a copy of the appellant's January 8, 2025 MassHealth application and supporting documents, a number of Ameriprise brokerage accounts owned by the appellant and her spouse (some of which were contained in the [REDACTED] Revocable Trust and the [REDACTED] Living Revocable Trust, respectively) were closed in December, 2024, containing amounts ranging from over \$78,000.00 to as little as \$107.41 on the dates of closure; it is not clear how these proceeds were distributed or spent. In addition, attachments to the application assert that various annuities owned by the couple were surrendered in 2024, the proceeds from which were transferred into the couple's joint [REDACTED] account.

MassHealth received two scanned verifications of assets on 1/10/2025, however, I identified that there was an application embedded with those verifications on 1/10/2025 and (*sic*) was overlooked. MassHealth will honor the application received date of 1/10/2025. However, the application was specifically checked off for Home and Community Based Waiver Services and not long-term-care. . . You will also see that on page 21 of the Supplement A also indicates that the appellant is not seeking long-term-care services.

MassHealth with honor the application of 1/10/2025 for Home and Community Based Wavier (*sic*) services. The decision with MassHealth stands as the member failed to verify assets upon the initial denial for lack of verifications. MassHealth submitted a more recent denial dated 6/27/2025 and details the assets in question which now supersedes the original denial. Any further action from MassHealth will require a decision made.

(Exh. 12)

Findings of Fact

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

1. The appellant, who is over age 65 and married, filed an application for the MassHealth frail elder waiver on January 10, 2025 (Testimony, Exh. 9, Exh. 12A).
2. The appellant earns \$726.00 per month in Social Security benefits, which is less than 300% of the 2025 federal benefit rate of \$967.00 per month (Exh. 12A).
3. MassHealth sent a request for information to the appellant, seeking information about her and her spouse's assets, on March 10, 2025 (Testimony, Exh. 7).
4. The requested verifications were due back to MassHealth by no later than June 4, 2025 (*Id.*).
5. Through a notice dated June 10, 2025, MassHealth notified the appellant that her MassHealth application was denied because she failed to give MassHealth the information needed to decide her eligibility within the required time frame, and because she has more countable assets than MassHealth benefits allow. The notice further states: "If [the appellant] reduces assets to \$ (*sic*) within the 30-day time frame, or shows MassHealth [the appellant] incurred medical bills that equal the amount of [the appellant's] excess assets, [the appellant] may be eligible for MassHealth benefits based on the date of [the appellant's] application" (Exh. 1).
6. The appellant filed an appeal of the June 10, 2025 denial notice with the BOH on June 25,

2025 (Exh. 3).

7. The appellant submitted most verifications to MassHealth well before June 4, 2025 (Testimony, Exh. 12A).
8. The appellant produced a requested verification, a Notice of Home and Community-Based Services Waiver Clinical Eligibility from [REDACTED] Senior Services, to MassHealth on June 12, 2025 (Testimony, Exh. 9).
9. The appellant is the settlor of a trust, the [REDACTED] Revocable Trust, which currently has no assets.
10. MassHealth counted the appellant's assets as follows: [REDACTED] joint account, account number ending in [REDACTED] with a verified balance of \$118,498.55 as of April 2, 2025 (half of this amount, \$59,249.28, is countable to the appellant); [REDACTED] joint account, account number ending in [REDACTED] with a verified balance of \$6,553.73 as of April 2, 2025 (half of this amount, \$3,276.87, is countable to the appellant); and a [REDACTED] Bank joint account, account number ending in [REDACTED] with a verified balance of \$16,841.18 as of April 11, 2025 (half of this amount, \$8,420.59, is countable to the appellant).
11. The appellant and her spouse jointly own a vacation home in [REDACTED] with a 2023 assessed value of \$111,098.00 (Exh. 12A, p. 67).
12. In a January 8, 2025 cover letter to MassHealth from the appellant's attorney, with which he submitted a copy of the appellant's frail elder waiver application, he states that the Florida residence is currently owned by the appellant and her spouse, "but will be retitled to the appellant's spouse individually" (Exh. 12A, p. 27).
13. There is no evidence that the appellant has transferred her interest in the [REDACTED] vacation home to her spouse.

Analysis and Conclusions of Law

A MassHealth applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of the MassHealth program including recovery (130 CMR 515.008(A)). Once an application for benefits is received, MassHealth requests all corroborative information necessary to determine eligibility, advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information (130 CMR 516.001(B)). If the requested information is not received, MassHealth benefits may be denied (130 CMR 516.001(C)).

Pursuant to 130 CMR 519.007(B), "Home- and Community-Based Services Waiver – Frail Elder:"

(1) Clinical and Age Requirements. The Home- and Community-based Services Waiver allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing-facility services to receive certain waiver services at home if they

(a) are 60 years of age or older and, if younger than 65 years old, is permanently and totally disabled in accordance with Title XVI standards; and

(b) would be institutionalized in a nursing facility, unless he or she receives one or more of the services administered by the Executive Office of Elder Affairs under the Home- and Community-Based Services Waiver-Frail Elder authorized under section 1915(c) of the Social Security Act.

(2) Eligibility Requirements. In determining eligibility for MassHealth Standard and for waiver services, the MassHealth agency determines income eligibility based solely on the applicant's or member's income regardless of their marital status. The applicant or member must

(a) meet the requirements of 130 CMR 519.007(B)(1)(a) and (b);

(b) have a countable-income amount less than or equal to 300% of the federal benefit rate (FBR) for an individual; and

(c) have countable assets of \$2,000 for an individual and, for a married couple if the initial Waiver eligibility determination was on or after January 1, 2014, have assets that are less than or equal to the standards at 130 CMR 520.016(B): Treatment of a Married Couple's Assets When One Spouse Is Institutionalized; and

(d) have not transferred resources for less than fair market value, as described at 130 CMR 520.018: Transfer of Resources Regardless of the Transfer Date and 520.019: Transfer of Resources Occurring on or After August 11, 1993.

(emphasis added)

Regulation 130 CMR 520.016, in turn, states the following:

130 CMR 520.016 describes the treatment of countable assets when one member of a couple is institutionalized, the post-eligibility transfer of assets, and the allowable income deductions for applicants and members who are residents of a long-term-care facility.

(A) Institutionalized Individuals. The total value of assets owned by an institutionalized single individual or by a member of an institutionalized couple must not exceed \$2,000.

(B) Treatment of a Married Couple's Assets When One Spouse Is Institutionalized.

(1) Assessment.

(a) Requirement. The MassHealth agency completes an assessment of the total value of a couple's combined countable assets and computes the community spouse's asset allowance as of the date of the beginning of the most recent continuous period of institutionalization of one spouse.

(b) Right to Request an Assessment. When one spouse has entered a medical institution and is expected to remain institutionalized for at least 30 days, either spouse may request the MassHealth agency to make this assessment, even if the institutionalized spouse is not applying for MassHealth Standard at that time. The period of institutionalization must be continuous and expected to last for at least 30 days.

(c) Right to Appeal. The MassHealth agency must give each spouse a copy of the assessment and the documentation used to make such assessment. Each spouse must be notified that he or she has the right to appeal the determination of countable assets and the community spouse's asset allowance when the institutionalized spouse (or authorized representative) applies for MassHealth Standard.

(2) Determination of Eligibility for the Institutionalized Spouse. At the time that the institutionalized spouse applies for MassHealth Standard, the MassHealth agency must determine the couple's current total countable assets, regardless of the form of ownership between the couple, and the amount of assets allowed for the community spouse as follows. The community spouse's asset allowance is not considered available to the institutionalized spouse when determining the institutionalized spouse's eligibility for MassHealth Standard.

(a) Deduct the community spouse's asset allowance, based on countable assets as of the date of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse, from the remaining assets. The community spouse's asset allowance is the greatest of the following amounts:

1. the combined total countable assets of the institutionalized spouse and the community spouse, not to exceed \$109,560;
2. a court-ordered amount; or
3. an amount determined after a fair hearing in accordance with 130 CMR 520.017.

...

In addition, the Fair Hearing Rules at 130 CMR 610.026(A), "Adequate Notice Requirements," state in pertinent part:

(A) A notice concerning an intended appealable action must be timely as stated in 130 CMR 610.015 and adequate in that it must be in writing and contain

- (1) a statement of the intended action;
- (2) the reasons for the intended action;
- (3) a citation to the regulations supporting such action;
- (4) an explanation of the right to request a fair hearing; and
- (5) the circumstances under which assistance is continued if a hearing is requested.

The appellant is income-eligible for the frail elder waiver, as her monthly Social Security income is less than 300% of the 2025 federal benefit rate.

Following the hearing, the MassHealth representative agreed to honor the January, 2025

application date since he acknowledged that MassHealth temporarily misplaced the appellant's application after it was received. To the extent that the appellant seeks a January, 2025 application date instead of a February, 2025 application date, this portion of the appeal is approved and dismissed.

Regarding the June 10, 2025 denial notice, there are two stated grounds for denial: failure to submit missing verifications, and excess assets. With regard to the latter ground, the notice is inadequate on its face. It advises the appellant that if she lowers her assets to \$2,000.00 or less within thirty days of the notice date, she may qualify for MassHealth. However, the amount by which her assets allegedly exceed \$2,000.00 is not stated anywhere in the notice. This portion of the notice is flawed and should be stricken.

However, the notice's first stated ground for denying the application appears to be correct. Although almost all verifications were produced timely to MassHealth following its March 2025 request for information, one item was not: the statement of the appellant's clinical eligibility for the frail elder waiver. The appellant acknowledged this in hearing testimony, and in documents submitted into the record. Thus, MassHealth's June 10, 2025 denial of the appellant's application for missing verifications was correct. Therefore, this portion of the appeal is denied.

At hearing, MassHealth noted that the appellant's total assets, although not listed in the June 10, 2025 denial notice, were the following: \$59,249.28 (), \$3,276.87 () and \$8,420.59 (). In addition, MassHealth attributes half the "total value" of a Florida vacation home owned by the appellant and her spouse, or \$117,636.00, to the appellant. Her total assets, therefore, are \$188,582.74.¹⁰ Per the regulations at 130 CMR 520.016, cited above, the appellant is allowed to keep \$2,000.00 in assets.

The MassHealth representative did not explain how he arrived at the "total value" of the real estate; regulation 130 CMR 520.007(G)(3)(a) reflects that the fair market value of countable real estate is to be arrived at by submission of a copy of the most recent tax bill for the property, or the property tax assessment that was most recently issued by the taxing jurisdiction. That is precisely what the appellant submitted with her application in this matter, showing an assessed value by the county in 2023 of \$111,098.00. Thus, it is half of this figure that should be used to determine the amount of the appellant's ownership, or \$55,549.00.

Nevertheless, even using this lower figure, the appellant's countable assets still exceed \$2,000.00. Pursuant to 130 CMR 520.016, cited above, a community spouse is allowed to keep a portion of the marital assets when his spouse is institutionalized, and that is the same standard cited by the MassHealth regulations regarding asset eligibility for the frail elder waiver (see, 130 CMR 519.007(B)(2)(c)). As updated by the Centers for Medicare and Medicaid Services in 2025, the maximum community spouse resource allowance is \$157,920.00. Thus, the appellant and her

¹⁰ The Deputy Director did not compare this figure with that contained in the second excess assets denial notice to the appellant dated June 27, 2025; separate appeal rights exist for that notice.

spouse may keep \$159,920.00 in assets. Using a revised total asset figure for the appellant of \$126,495.00 (including her bank accounts and real estate), it is clear that the appellant may potentially become asset-eligible for the frail elder waiver by removing her name from a number of joint bank accounts she holds with her spouse, by deeding her half-interest in the Florida real estate to her spouse, or via some combination of those actions.

At this time, however, the appellant's assets exceed the threshold amount she is allowed to keep in order to qualify for the frail elder waiver. Thus, this portion of the appeal is also denied.

Order for MassHealth

Preserve the appellant's January 2025 application date. Strike portion of the June 10, 2025 denial notice alleging the appellant has excess assets, and that she may qualify for benefits if she reduces assets within thirty days.

If appellant and her spouse submit evidence that they have reduced assets to \$2,000.00 and \$157,920.00, respectively, within forty-five (45) days of the date of this decision, deem the appellant eligible for frail elder waiver services effective January 1, 2025, if she is otherwise eligible.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Paul C. Moore
Deputy Director/Hearing Officer
Board of Hearings

cc: Sylvia Tiar, Appeals Coordinator, Tewksbury MassHealth Enrollment Center