

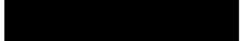
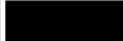
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2513039
<b>Decision Date:</b>	10/22/2025	<b>Hearing Date:</b>	10/06/2025
<b>Hearing Officer:</b>	Scott Bernard	<b>Record Open to:</b>	10/20/2025

**Appearance for Appellant:**

  *via telephone*

**Appearance for MassHealth:**

Chantal Centeio (Quincy MEC) *via telephone*

**Interpreter:**

 *via telephone*



*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 – Income
<b>Decision Date:</b>	10/22/2025	<b>Hearing Date:</b>	10/06/2025
<b>MassHealth’s Rep.:</b>	Chantal Centeio	<b>Appellant’s Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy Harbor South	<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 August 27, 2025, MassHealth terminated the appellant’s eligibility for MassHealth benefits because MassHealth determined that the appellant’s mother had not provided proof of income within the time allowed. (See 130 CMR 502.007. and Exhibit (Ex.) 1). The appellant’s mother filed this appeal in a timely manner on September 8, 2025. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the end of the hearing, the record was left open until October 20, 2025 in order to allow the appellant’s mother a further opportunity to provide proof of income, at which time it closed. (See 130 CMR 610.071 and Ex. 10).

## Action Taken by MassHealth

MassHealth terminated the appellant’s MassHealth coverage because the family’s household did not submit proof of income within the time required.

## Issue

Whether MassHealth appropriately terminated the appellant’s MassHealth coverage, pursuant to 130 CMR 502.007, due to failure to submit requested verification.

## Summary of Evidence

At the hearing, MassHealth was represented by an eligibility worker from the Quincy MassHealth Enrollment Center (MEC) and the appellant, a minor child, was represented by her mother with the assistance of an interpreter. All parties attended the hearing by telephone.

The MassHealth representative testified to the following. The appellant's mother is an individual under 65 years old living in a household with her spouse (the appellant's father) and the appellant, who is under 19 years old. (Testimony; Ex. 3; Ex. 4). The appellant's mother has received MassHealth Standard as the parent or caretaker relative of a child younger than 19 years old since April 14, 2024. (Testimony; Ex. 3). The appellant was eligible for MassHealth Family Assistance from December 9, 2023 through March 15, 2025, and then again from May 13, 2025 through September 9, 2025. (Testimony; Ex. 4).

On May 16, 2025, MassHealth sent the appellant's mother a letter requesting that she submit proof of income for both herself and her spouse by August 14, 2025. (Testimony; Ex. 8). MassHealth did not receive the requested proof of income for the spouse by August 14. (Testimony). On August 27, 2025, MassHealth notified the appellant's mother that the appellant's Family Assistance benefit would end on September 9, 2025 because MassHealth had not received proof of the spouse's income. (Testimony; Ex. 1). Coverage for the appellant ended on September 9, 2025 in accordance with the notice. (Testimony; Ex. 1). As of the date of the hearing, MassHealth had not yet received proof of the spouse's income. (Testimony). The MassHealth representative also testified that the child's Family Assistance account was administratively closed due to non-payment of premiums, and reinstatement would require the appellant's mother to contact the Premium Billing Unit, and pay all overdue premiums, in addition to submitting proof of the spouse's income. (Testimony).

The appellant's mother disputed the MassHealth representative's testimony, stating that she had submitted proof of income for her spouse both over the phone and in person. (Testimony). She was unsure why MassHealth had not acknowledged that it received this documentation. (Testimony). The appellant's mother stated she was willing to submit the required paystubs again, and asked where and how to do so to ensure proper receipt. (Testimony). The appellant's mother was given the location of the MassHealth Enrollment Center closest to her residence, and was advised to go there in person. (Testimony). In the alternative, the appellant's mother was also told she could fax the documents, though the mother noted that MassHealth had seemingly not received a fax she sent previously. (Testimony). The appellant's mother testified that she consistently paid the premiums and had proof of payment, and had previously contacted the Premium Billing department and was told the administrative closure would be lifted. (Testimony). Evidently, the closure was never lifted, and the appellant's mother expressed frustration by the lack of follow-up despite her efforts to resolve the issue. (Testimony).

The appellant's mother requested the hearing record be left open for two weeks, until October 20,

2025, to give her a further opportunity to submit proof of the spouse's income. (Testimony). On October 20, 2025, in response to an email inquiry from the hearing officer, the MassHealth representative wrote that as of that date, MassHealth had not received any documentation from the appellant's mother regarding the spouse's income. (Ex. 10).

## **Findings of Fact**

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

1. The appellant's mother is an individual under 65 years old living in a household with her spouse (the appellant's father) and the appellant, who is under 19 years old. (Testimony; Ex. 3; Ex. 4).
2. The appellant was eligible for MassHealth Family Assistance from December 9, 2023 through March 15, 2025, and then again from May 13, 2025 through September 9, 2025. (Testimony; Ex. 4).
3. On May 16, 2025, MassHealth sent the appellant's mother a letter requesting that she submit proof of income for both herself and her spouse by August 14, 2025. (Testimony; Ex. 8).
4. MassHealth did not receive proof of income for the spouse by August 14, 2025. (Testimony).
5. By notice dated August 27, 2025, MassHealth apprised the appellant's mother that the appellant's Family Assistance would end on September 9, 2025 because it had not received proof of the spouse's income. (Testimony; Ex. 1).
6. The appellant's coverage ended on September 9, 2025 in accordance with the notice. (Testimony; Ex. 1).
7. As of the date of the hearing, MassHealth had not yet received proof of the spouse's income. (Testimony).
8. The appellant's mother requested the record remain open until October 20, 2025 so she could submit proof of the spouse's income. (Testimony; Ex. 10).
9. The appellant's mother did not submit proof of the spouse's income by October 20, 2025. (Ex. 10).

## **Analysis and Conclusions of Law**

MassHealth verifies eligibility factors such as income, residency, citizenship, immigration status,

and identity by matching application data with federal and state agencies but if these electronic sources cannot confirm the information, applicants or members must provide additional documentation. (130 CMR 502.003(A),(B)). If this occurs, MassHealth will send a Request for Information Notice to the applicant or member listing all requested verifications and the deadline for submission of the requested verifications. (130 CMR 502.003(C)). Applicants or members then have 90 days to provide those requested verifications; if they do not, MassHealth uses available electronic data to redetermine eligibility or denies/terminates coverage, except for certain individuals with unverified eligibility factors, who are assessed for the most comprehensive coverage possible. (130 CMR 502.003(D)). Coverage can be reinstated if verifications are submitted within one year; otherwise a new application is required. (130 CMR 502.003(D)(2)(d)).

The record shows that MassHealth sent a request for information to the appellant's mother on May 16, 2025, requiring that she provide proof of her spouse's income by August 14, 2025, 90 days later. The appellant's mother did not submit that proof of income by August 14, 2025. For that reason, as stated in a notice dated August 27, 2025, MassHealth notified the appellant's mother that the appellant's Family Assistance would end on September 9, 2025. As of the date of the hearing, MassHealth had not received proof of the spouse's income. At the request of the appellant's mother, the record remained open a further two weeks until October 20, 2025 for submission of proof of her spouse's income. As of that date, MassHealth had still not received proof of the spouse's income.

For the above reasons, the appeal is DENIED.<sup>1</sup>

## **Order for MassHealth**

None.

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<sup>1</sup> As stated in the regulations cited above, the child's coverage can still be reinstated if the proof of income is submitted within one year of the request for information; otherwise a new application will be required.

## **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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Scott Bernard  
Hearing Officer  
Board of Hearings

Quincy MEC, Attn: Cassandra Moura, Appeals Coordinator, 100 Hancock Street, 6th Floor,  
Quincy, MA 02171