

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2513059
<b>Decision Date:</b>	1/5/2026	<b>Hearing Date:</b>	10/09/2025
<b>Hearing Officer:</b>	Mariah Burns	<b>Record Open to:</b>	12/07/2025

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Anna Martinez, Tewksbury MassHealth  
Enrollment Center



*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>	Approved	<b>Issue:</b>	Community Eligibility; Over 65; Renewal Application
<b>Decision Date:</b>	1/5/2026	<b>Hearing Date:</b>	10/09/2025
<b>MassHealth's Rep.:</b>	Anna Martinez	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephone (Tewksbury)	<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 September 2, 2025, MassHealth terminated the appellant's MassHealth Standard benefits for failure to submit a renewal application. *See* 130 CMR 516.007 and Exhibit 1. The appellant filed this appeal in a timely manner on September 8, 2025, and Aid Pending was applied. *See* 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth terminated the appellant's benefits for failure to submit a renewal application.

## Issue

The appeal issue is whether MassHealth correctly terminated the appellant's benefits for failure to submit a renewal application.

## Summary of Evidence

The appellant is an adult over the age of [REDACTED] who, prior to the notice at issue, received MassHealth Standard community benefits. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The following is a summary of the evidence and testimony provided at the hearing.

On July 11, 2025, MassHealth sent the appellant a letter informing him of his need to renew his benefit application, and provided a due date of August 25, 2025. The MassHealth representative reported that MassHealth did not receive a renewal application, and on September 2, 2025, sent a notice terminating the appellant's benefits effective September 26, 2025. The appellant filed a request for fair hearing on September 8, 2025, and Aid Pending was applied. With his fair hearing request, the appellant provided proof that he submitted his renewal application and a bank statement via fax on August 24, 2025.

The MassHealth representative reviewed the documents submitted by the appellant and reported that the signature page was missing along with several bank statements. The hearing record was re-opened, and the appellant was sent a copy of the signature page with a request to execute and resubmit it along with the statements. The appellant submitted bank information on October 11, 2025, and his executed signature page on October 20, 2025.

## Findings of Fact

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

1. The appellant is an adult over the age of [REDACTED] Testimony, Exhibit 4.
2. On July 11, 2025, MassHealth sent the appellant notice of his obligation to renew his benefit application by August 25, 2025. Testimony.
3. The appellant submitted a renewal application on August 24, 2025, but a signature page was missing. Exhibit 5 at 1-3, Exhibit 6 at 2.
3. On September 2, 2025, MassHealth informed the appellant of its intention to terminate his benefits for failure to submit a renewal application, effective September 16, 2025. Exhibit 1.
4. The appellant filed a timely request for fair hearing on September 9, 2025, and Aid Pending was applied. Exhibit 2.
5. The appellant submitted a signature page for his renewal application on October 20, 2025. Exhibit 5 at 13.

## Analysis and Conclusions of Law

MassHealth members undergo a review of their eligibility every twelve months, per the MassHealth regulations. See 130 CMR 516.006(A). The agency first attempts an automatic renewal “based on electronic data matches with federal and state agencies.” *Id.* at 516.007(C)(1). If an automatic renewal is not possible, MassHealth uses the following process:

(2) MassHealth Eligibility Renewal Application. If the individual is residing in the community and his or her continued eligibility cannot be determined based on reliable information contained in his or her account or electronic data match with federal and state agencies, a MassHealth eligibility review form must be completed.

(a) The MassHealth agency will notify the member of the need to complete the MassHealth eligibility review form.

(b) The member will be given 45 days from the date of the request to return the paper MassHealth eligibility review form.

1. If the review is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic data matches if available.

2. If the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.

3. If the requested review form is submitted within 30 days from the date of the termination, a second eligibility determination is made within 15 days. Eligibility may be established retroactive to the date of termination, if otherwise eligible.

(c) If the member's coverage type changes, the start date for the new coverage type is effective as of the date of the written notice.

130 CMR 516.007(C)(2).

Before taking an intended appealable action, MassHealth “must send a written timely notice to the member. . . at least ten days before the action. Such notice must include a statement of the right of appeal and time limit for appealing.” 130 CMR 610.015(A). An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” 130 CMR 610.082(A). The effective date “of any adjustments to the appellant’s eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.” 130 CMR 610.071(A)(1).

In this case, MassHealth reported that the appellant was sent a renewal application on July 11, 2025, with a due date of August 25, 2025. When MassHealth did not receive a renewal by that date, the appellant's benefits were terminated pursuant to 516.007(C)(2)(b)(2). However, the evidence shows that the appellant submitted a renewal application on August 24, 2025, and the only document that was missing from that application was the signature page. The appellant has since submitted the signature page, and I accept that he renewed his benefit application in a timely manner. Therefore, I find that the September 2, 2025, termination notice was issued in error.

For the foregoing reasons, the appeal is hereby APPROVED.<sup>1</sup>

## **Order for MassHealth**

Reinstate the appellant's MassHealth Standard benefits and process his application as if it were received on August 24, 2025. If additional information is needed to determine his eligibility, send a request for information as required by 130 CMR 516.001(B). Send the appellant a new notice of eligibility, with appeal rights. Remove Aid Pending.

## **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.

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Mariah Burns  
Hearing Officer  
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center

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<sup>1</sup> The MassHealth representative reported that MassHealth needs additional financial information to renew the appellant's application. However, that is not listed as the basis for termination on the notice, nor is there evidence that MassHealth sent a request for information for those financial documents. MassHealth should process the appellant's renewal in the normal course of business and send a request for information if one is needed to determine the appellant's eligibility.