

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514194
<b>Decision Date:</b>	11/3/2025	<b>Hearing Date:</b>	10/27/2025
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Maribel Sepulveda



*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 – Verifications
<b>Decision Date:</b>	11/3/2025	<b>Hearing Date:</b>	10/27/2025
<b>MassHealth’s Rep.:</b>	Maribel Sepulveda	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<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 08/27/2025, MassHealth informed the appellant that it determined that she is not eligible for MassHealth benefits because she failed to submit a job update form that was due by 08/27/2025. MassHealth informed the appellant that it planned to terminate her benefits on 09/10/2025 for failing to provide the requested information (130 CMR 502.003; Exhibit 1). On 09/19/2025, the appellant filed a timely appeal (130 CMR 610.015(B); Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth terminated the appellant’s MassHealth benefits because she failed to submit requested employment and income information necessary for an eligibility determination.

## Issue

The issue is whether or not the requested employment and income verifications were submitted to MassHealth.

## **Summary of Evidence**

The MassHealth representative testified telephonically that the appellant was receiving MassHealth CarePlus benefits, when on 07/23/2025, MassHealth sent the appellant a request for employment and income information to be completed and returned by 08/22/2025. The completed job update form was not received by MassHealth by the deadline and on 08/27/2025, MassHealth informed the appellant that it would terminate her benefits for failing to provide the requested verifications. Her benefits terminated on 09/10/2025.

The appellant appeared at the fair hearing, and she testified that she wanted to have her benefits started again. She acknowledged that she understood what information MassHealth is seeking to determine her continued eligibility for programs.

## **Findings of Fact**

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

1. The appellant was eligible for and receiving MassHealth benefits. She is under 65 years of age and lives in the community. She is counted as a household of one person.
2. On 07/23/2025, MassHealth sent to the appellant a job update form, seeking employment and income information necessary to make an eligibility determination. The completed job update form was due by 08/22/2025.
3. MassHealth did not receive a completed job update form from the appellant by 08/22/2027. As of the date of the hearing, MassHealth has not received a completed job update form.
4. On 08/27/2025, MassHealth informed the appellant that it planned to terminate her MassHealth benefits on 09/10/2025 for failing to provide the requested documentation.
5. The appellant's benefits terminated on 09/10/2025.
6. The appellant submitted a request for a fair hearing on 09/19/2025.
7. A fair hearing took place before the Board of Hearings on 10/27/2025.

## **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 502.003 address verification of eligibility factors as follows:

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: Health Care Reform: MassHealth: Universal Eligibility Requirements, 130 CMR 504.000: Health Care Reform: MassHealth: Citizenship and Immigration, and 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements.

(A) Information Matches. The MassHealth agency initiates information matches with other agencies and information sources as described at 130 CMR 502.004 in the following order, when an application is received in order to verify eligibility:

- (1) the Federal Data Hub, which matches with the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service; and
- (2) other federal and state agencies and other informational services.

(B) Electronic Data Sources. 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.

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 502.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

- (1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.
- (2) If the applicant or member fails to provide verification of information within 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.
  - (a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.
  - (b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).
  - (c) If the required verifications are received within one year from the date the application or renewal form was received, coverage is reinstated to a date ten days before the receipt of the verifications.
  - (d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

This appeal involves a denial of MassHealth benefits based on the appellant's failure to provide requested verifications within the regulatory time frame. On 07/23/2025, MassHealth sent a

request for verification of employment and income (job update form) to the appellant, requesting certain information to establish eligibility for benefits. The submission was due by 08/22/2025. The appellant failed to provide a completed job update form, and on 09/10/2025, MassHealth terminated the appellant's benefits for failure to provide verifications. A timely appeal was filed on behalf of the appellant, and a fair hearing was held before the Board of Hearings.

At the fair hearing, the appellant did not assert that she sent in a completed job update form by MassHealth's deadline. MassHealth testified that no job update form was received by the 08/22/2025 deadline, and the appellant did not dispute that it was not received by MassHealth. Accordingly, this 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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104