

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2514977
Decision Date:	11/18/2025	Hearing Date:	11/17/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:



Appearance for MassHealth:

Elizabeth Nickoson, Taunton MEC



*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

Appeal Decision:	DENIED	Issue:	Community Eligibility – over 65
Decision Date:	11/18/2025	Hearing Date:	11/17/2025
MassHealth’s Rep.:	Elizabeth Nickoson	Appellant’s Rep.:	[REDACTED]
Hearing Location:	Taunton MEC	Aid Pending:	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 [REDACTED] MassHealth notified the appellant that his coverage would be ending on [REDACTED] because he did not complete a new application for people over 65 years old. See 130 CMR 501.002, 130 CMR 515.002, and Exhibit 1. The appellant filed this appeal in a timely manner on [REDACTED] See 130 CMR 610.015(B) and Exhibit 2. Aid pending protection was put in place to protect the appellant’s MassHealth benefits. Any action to suspend, reduce, terminate, or restrict a member’s assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth terminated the appellant’s coverage effective [REDACTED] because he did not complete a new application for people over 65 years old.

Issue

Whether MassHealth correctly terminated the appellant’s coverage because he did not complete a new application for people over 65 years old. See 130 CMR 515.002 and 130 CMR 516.007.

Summary of Evidence

All parties appeared in person. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. The appellant was represented by his mother who appeared on his behalf and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant has been on MassHealth Standard with Medicare Savings Plan (MSP) since [REDACTED]. She explained that since the appellant is no longer under 65, he had to submit a new senior application, which he did not. On [REDACTED] a termination notice effective on [REDACTED] was issued by MassHealth's under-65 system because the appellant had not completed an [REDACTED]. An aid pending protection was put in place to protect the appellant's MassHealth benefits. At the time of the hearing, the appellant had not submitted a senior application to MassHealth.

The appellant's mother confirmed that the appellant had not completed a senior application as of the date of the hearing. She explained that she was confused about what had to be done and agreed to submit a senior application on the appellant's behalf right after the hearing.

Findings of Fact

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

1. The appellant is over the age of 65. (Testimony and Exhibit 4).
2. The appellant was in MassHealth's [REDACTED] and had MassHealth Standard with MSP since [REDACTED] (Testimony).
3. On [REDACTED], MassHealth notified the appellant that his coverage would be ending on [REDACTED], because he did not complete a new application for people [REDACTED] (Testimony and Exhibit 1).
4. The appellant filed this appeal in a timely manner on [REDACTED]. (Exhibit 2).
5. An aid pending protection was put in place to protect the appellant's benefits. (Testimony and Exhibit 4).
6. As of the date of the hearing, the appellant had not submitted a senior application. (Testimony).

Analysis and Conclusions of Law

MassHealth is responsible for the administration and delivery of health-care services to low and moderate-income individuals and couples. See 130 CMR 515.002(A). The MassHealth regulations at 130 CMR 515.000 through 522.000 provide the requirements for MassHealth eligibility for persons over the age of 65, as here. See 130 CMR 501.002(C); 130 CMR 515.002(B). See 130 CMR 501.000 through 506.000(establishing requirements for MassHealth eligibility for persons under the age of 65).

In order to determine eligibility, applicants have certain responsibilities as set forth in 130 CMR 515.008. See also 130 CMR 501.010(setting forth the same responsibilities for individuals under the age of 65).

...(A) Responsibility to Cooperate. 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 other health insurance.

B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability. of an Appellant.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

MassHealth may also conduct eligibility reviews in the following ways.

....(1) Automatic Renewal. Households whose continued eligibility can be determined based on electronic data matches with federal and state agencies will have their eligibility automatically renewed.

(a) The MassHealth agency will notify the member if eligibility has been reviewed using the automatic renewal process.

(b) If the member's coverage type changes to a more comprehensive

benefit, the start date for the new coverage is determined as described at 130 CMR 516.006.

(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.

(3) Review Form for Individuals in Need of Long-term-care Services in a Nursing Facility. If the individual is in need of long-term-care services in a nursing facility 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 written update of the member's circumstances on a prescribed form must be completed.

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

(b) The member will be given 45 days to return the review form to the MassHealth agency.

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.

See 130 CMR 516.007(C); see also 130 CMR 502.007(setting forth the same requirements for MassHealth eligibility determinations for individuals under the age of 65).

Here, MassHealth sent out a termination notice on [REDACTED], because the appellant had not completed a new senior application after [REDACTED]. See 130 CMR 501.002(C); see also 130 CMR 515.002(B). There is no dispute that the appellant who is over the age of 65 had not completed a senior application as required by MassHealth. As such, I find that MassHealth correctly determined that the appellant's coverage would end effective [REDACTED], because he did not complete a new application for people [REDACTED].

For the foregoing reasons, this appeal is DENIED.

Order for MassHealth

Remove aid pending protection.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

[REDACTED]

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