

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515905
Decision Date:	1/7/2026	Hearing Date:	11/25/2025
Hearing Officer:	Emily Sabo	Record Open to:	12/23/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Anna Martinez, Tewksbury 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; Verifications
Decision Date:	1/7/2026	Hearing Date:	11/25/2025
MassHealth's Rep.:	Anna Martinez	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center (Telephone)	Aid Pending:	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 October 20, 2025, MassHealth notified the Appellant that his MassHealth benefit was ending, effective November 3, 2025, because he had failed to provide MassHealth with the required information to allow MassHealth to determine his eligibility.¹ 130 CMR 515.008 and Exhibit 1. The Appellant filed this appeal in a timely manner on October 29, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth benefit for failure to provide requested information by the due date.

Issue

¹ The notice also approves the Appellant for the Medicare Savings Program's Qualified Medicare Beneficiary as of November 1, 2025. Exhibit 1 at 2.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that it was appropriate to terminate the Appellant's benefit for failing to provide information.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that that the Appellant is ■ years old and has a household size of one. The MassHealth representative testified that the Appellant had applied for MassHealth benefits in the community on June 12, 2025. The MassHealth representative testified that by notice dated July 14, 2025, MassHealth had requested a recent bank statement from the Appellant, with a deadline for response of October 12, 2025. The MassHealth representative testified that because the Appellant had turned ■ he was no longer eligible for MassHealth CarePlus.

The Appellant verified his identity. The Appellant testified that he was confused and overwhelmed by the experience of turning ■ and losing his MassHealth benefit and enrolling in Medicare. He testified that his renewals had previously been simple. The Appellant explained that 3-4 years before, he had had a stroke and was hospitalized.

The record was held open until December 9, 2025, for the Appellant to submit a copy of his bank statement dated within the past 45 days. Exhibit 5. The record was held open until December 23, 2025, for MassHealth's review and response. *Id.* Neither party responded to the Board of Hearings during the record-open period or to the hearing officer's subsequent inquiry. Exhibit 6.

Findings of Fact

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

1. The Appellant is ■. Testimony and Exhibit 4.
2. The Appellant has a household size of one. Testimony.
3. By notice dated July 14, 2025, MassHealth requested that the Appellant provide a recent bank statement by the deadline of October 12, 2025. Testimony.
4. The Appellant did not submit the requested verification. Testimony.
5. By notice dated October 20, 2025, MassHealth notified the Appellant that his MassHealth benefit was ending, effective November 3, 2025. Exhibit 1.
6. The Appellant filed a timely appeal with the Board of Hearings on October 29, 2025. Exhibit 2.

7. The record was held open until December 9, 2025, for the Appellant to submit a copy of his bank statement dated within the past 45 days. Exhibit 5.
8. The record was held open until December 23, 2025, for MassHealth's review and response. Exhibit 5.
9. Neither party responded to the Board of Hearings during the record open period or to the hearing officer's subsequent inquiry. Exhibit 6.

Analysis and Conclusions of Law

MassHealth regulations provide the following:

130 CMR 505.008: MassHealth CarePlus

(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.
- (2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *MassHealth: Managed Care Requirements* and must meet the following conditions.
 - (a) The individual is an adult 21 through 64 years old.

130 CMR 505.008(A)(1), (2)(a).

130 CMR 515.008: Responsibilities of Applicants and Members

(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.

(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.

130 CMR 515.008.

130 CMR 516.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: *MassHealth: Universal Eligibility Requirements*, 130 CMR 518.000: *MassHealth: Citizenship and Immigration*, and 130 CMR 520.000: *MassHealth: Financial Eligibility*.

....

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(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.

130 CMR 516.003(C).

130 CMR 519.005: Community Residents 65 Years of Age and Older

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

- (1) the countable-income amount, as defined in 130 CMR 520.009: *Countable-income Amount*, of the individual or couple is less than or equal to 100% of the federal poverty level; and
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

130 CMR 519.005(A).

As quoted above, 130 CMR 515.008 and 130 CMR 516.003(C) require that members provide MassHealth with required information, such that MassHealth can determine an individual's eligibility. This includes asset information, such as bank statements. 130 CMR 516.003. The record was held open to allow for the submission of that information, but it was not submitted. As testified to by the MassHealth representative and as established by regulation, MassHealth CarePlus is limited to individuals aged 21-64 years old. 130 CMR 505.008(A)(1), (2)(a). For those individuals age [REDACTED] and older, who live in the community, to be eligible for MassHealth Standard, their countable assets must be \$2,000 or less, so it is relevant that MassHealth is seeking the Appellant's bank statements in order to determine his eligibility. 130 CMR 519.005(A)(2). Therefore, MassHealth did not err in terminating the Appellant's benefit for failure to provide the information and the appeal

is denied.²

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.

Emily Sabo
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957

² I am sorry for the confusion and overwhelm that the Appellant experienced. If he is able to provide recent bank statements, MassHealth may determine that he is eligible for MassHealth Standard. He also may wish to speak with a SHINE (Serving the Health Insurance Needs of Everyone) counselor, either by calling 1-800-243-4636 or through the Needham Council on Aging at 781-453-8076.