

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in Part	Appeal Number:	2516244
Decision Date:	1/28/2026	Hearing Date:	12/08/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Sherrianne Paiva, Taunton 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

Appeal Decision:	Approved in Part	Issue:	Community Eligibility; Under 65; Renewal
Decision Date:	1/28/2026	Hearing Date:	12/08/2025
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton (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 [REDACTED], 2025, MassHealth terminated the appellant's MassHealth Standard benefits because the appellant did not submit a timely application for senior benefits. See 130 CMR 502.003(D) and Exhibit 1. The appellant filed this appeal in a timely manner on November 4, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth Standard benefits because he did not provide proof in the time allowed, namely a senior application for MassHealth benefits.

Issue

The appeal issue is whether MassHealth properly informed the appellant of his obligation to submit a senior application for benefits before terminating his under 65 benefits for failure to do so.

Summary of Evidence

The appellant is an adult whose [REDACTED] [REDACTED] precipitated the events surrounding this appeal. He was assisted at the hearing by his case manager. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center who specializes in benefits for members who are under the age of 65. All parties appeared at the hearing by telephone. The following is a summary of the testimony and evidence provided at the hearing.

Prior to the issuance of the notice at issue, the appellant received MassHealth Standard benefits through the Massachusetts Department of Mental Health. The appellant [REDACTED] 2025, requiring him to file an application for senior benefits (SACA). When MassHealth did not receive the appellant's SACA by [REDACTED] 2025, they sent a notice terminating the appellant's benefits effective November 8, 2025. Specifically, the notice stated "The person did not provide proof in the time allowed" but did not elaborate on what proof was outstanding. Exhibit 1. The MassHealth representative was unable to confirm whether a notice was sent to the appellant notifying him of his obligation to file a new application for MassHealth. She reported that a SACA for the appellant was received on November 14th, 2025, and was processed and approved on December 8, 2025. She testified that the appellant would be eligible for the Medicare Savings Plan effective January 1, 2026.

The appellant and his representative reported that the appellant was not notified of his requirement to submit a SACA to continue receiving MassHealth benefits. The appellant stated that he does not remember receiving a blue envelope¹ in the mail from MassHealth and that he has never had any trouble receiving correspondence from the agency in the past. His representative stated that the appellant is very diligent about bringing her anything he receives from MassHealth to assist him with managing, and he never brought her a notice informing him of his requirement to complete and submit a SACA. MassHealth did not disagree that the appellant should have been informed of his obligation to apply for senior benefits before having his under 65 benefits terminated.

Findings of Fact

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

1. The appellant is an adult who is now over the age of [REDACTED]. Prior to his [REDACTED] he received MassHealth Standard benefits through the Massachusetts Department of Mental Health. Exhibit 4, Testimony.

¹ I note that MassHealth typically sends renewal notices, particularly when members are aging in blue envelopes to ensure they stand out in the mail.

2. On October [REDACTED] 2025, MassHealth issued a notice terminating the appellant's MassHealth benefits. The notice stated that the benefits were being terminated effective November 8, 2025, because "[t]he person did not provide proof in the time allowed." Exhibit 1. The missing information was an application for senior benefits, which MassHealth did not receive by the appellant's [REDACTED] Testimony.
3. The appellant filed a timely request for fair hearing on November 4, 2025. Exhibit 2.
4. The appellant reports that he did not receive a senior application in the mail or anything from MassHealth informing him of his obligation to file such an application or risk losing his benefits. Testimony. The appellant did not present any application to his case manager, who typically assists him with MassHealth-related matters. Testimony.
5. MassHealth was unable to verify that the appellant was sent notice of his obligation to submit a senior application before terminating his benefits. Testimony.

Analysis and Conclusions of Law

MassHealth may review a member's eligibility based on a "member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide information within the requested time frames." 130 CMR 516.007(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)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.”

In this case, having [REDACTED] the appellant’s eligibility now depends on consideration of his assets in addition to his income. See 130 CMR 519.005(A) (community residents 65 years of age and older must meet countable income and asset requirements). As such, MassHealth cannot automatically determine the appellant’s continued eligibility for benefits as contemplated at 130 CMR 516.007(C)(1). MassHealth was therefore required, under 516.007(C)(2), to send the appellant an eligibility review form or prepopulated renewal application, and give him 45 days to return that form before terminating his benefits. Although the regulations and Eligibility Operations Memos are silent as to MassHealth’s obligation to notify individuals [REDACTED] of their obligation to submit a new application, it follows logically that 516.007(C)(2) should apply, and MassHealth did not disagree with this at the hearing. For those reasons, I find that the November 27, 2025, notice terminating the appellant’s MassHealth Standard benefits was issued in error, because he was unaware of his obligation to submit a SACA prior to [REDACTED]

For the foregoing reasons, the appeal is hereby approved in part.

Order for MassHealth

Reinstate the appellant’s MassHealth Standard benefits from the termination date of November 8, 2025, and maintain MassHealth Standard coverage for the appellant until the date that MassHealth makes an eligibility determination on the appellant’s SACA and issues a decision with appeal rights.

² Near-identical regulations apply to MassHealth members and applicants under the age of [REDACTED]. See generally, 130 CMR 502.007: *Continuing Eligibility*.

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.

Mariah Burns
Hearing Officer
Board of Hearings


cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center