

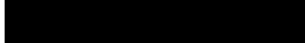
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516809
Decision Date:	1/28/2026	Hearing Date:	12/12/2025
Hearing Officer:	Emily Sabo	Record Open to:	1/16/2026

Appearance for Appellant:



Appearance for MassHealth:

Joshua Bailey, Springfield 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:	Long Term Care; Verifications
Decision Date:	1/28/2026	Hearing Date:	12/12/2025
MassHealth's Rep.:	Joshua Bailey	Appellant's Rep.:	██████████
Hearing Location:	Springfield 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 September 15, 2025, MassHealth terminated the Appellant's MassHealth long-term-care benefits, effective September 29, 2025, on the grounds that she did not complete her eligibility renewal on time. 130 CMR 516.007 and Exhibit 1. The Appellant filed this appeal in a timely manner on November 14, 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 long-term-care benefits on the grounds that she did not complete her eligibility renewal on time.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.007, in terminating the Appellant's MassHealth benefits.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is over the age of 65 and has a household size of one. The MassHealth representative testified that the Appellant failed to timely submit her renewal, which led to the termination notice. The MassHealth representative testified that MassHealth received the Appellant's renewal on September 15, 2025, and processed it on September 23, 2025. The MassHealth representative testified that MassHealth requested asset verification for four bank accounts, and that MassHealth is still seeking that information.

The Appellant's representative verified the Appellant's identity. The Appellant's representative testified that the Appellant's daughter was going to bring in the Appellant's bank statements the following week.

The record was held open until December 26, 2025, for the Appellant to submit the information. Exhibit 5. On December 26, 2025, the Appellant's representative requested an extension, which was granted, until January 2, 2026. Exhibit 6. The record was also held open until January 16, 2026, for MassHealth's review and response. *Id.* On January 2, 2026, the Appellant's representative wrote that the banks would not give the Appellant's "daughter the bank statements for either account which are both \$0 balances but not closed because her name has changed and doesn't match the [power of attorney]." ¹ Exhibit 7. The MassHealth representative responded and attached a MassHealth financial request form, and explained that in his experience, it "requires banks to provide something to the representative." Exhibit 8. The hearing officer followed up with the parties and on January 26, 2026, the MassHealth representative confirmed that nothing further had been received by the Appellant. Exhibit 9.

Findings of Fact

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

1. The Appellant is over the age of [REDACTED] and has a household size of one. Testimony; Exhibit 4.
2. The Appellant failed to timely submit her renewal. Testimony.
3. On September 15, 2025, MassHealth notified the Appellant that it was terminating her long-term-care benefits, effective September 29, 2025, on the grounds that she did not complete her eligibility renewal on time. Exhibit 1.

¹ I assume that the Appellant's representative meant that the Appellant's daughter's name had changed, although the record does not include power of attorney information or other documentation.

4. On September 15, 2025, the Appellant submitted her renewal. Testimony.
5. MassHealth requested additional verification information regarding four bank accounts. Testimony.
6. The Appellant filed a timely appeal on November 14, 2025, with the Board of Hearings, regarding the September 15, 2025, notice. Exhibit 2.
7. The record was held open until January 2, 2026, for the Appellant to submit the requested information. Exhibits 5 and 6.
8. The Appellant did not submit the requested information to MassHealth or the Board of Hearings. Exhibit 9.

Analysis and Conclusions of Law

MassHealth regulations provide:

130 CMR 516.007: Continuing Eligibility

(A) Annual Renewals. The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's changes in circumstances or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within requested time frames. The MassHealth agency updates eligibility based on information received as the result of such review. The MassHealth agency reviews eligibility

- (1) by information matching with other agencies, health insurance carriers, and information sources;
- (2) through a written update of the member's circumstances on a prescribed form;
- (3) through an update of the member's circumstances, in person; or
- (4) based on information in the member's case file.

(B) Eligibility Determinations. The MassHealth agency determines, as a result of this review, if

- (1) the member continues to be eligible for the current coverage type;
- (2) the member's current circumstances require a change in coverage type; or
- (3) the member is no longer eligible for MassHealth.

(C) Eligibility Reviews. MassHealth reviews eligibility 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.

(4) Periodic Data Matches. The MassHealth agency matches files of MassHealth members with other agencies and information sources as described in 130 CMR 516.004 to update or verify eligibility.

(a) If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, the MassHealth agency will notify the member of the information that was received through the data match and require the member to respond within 30 days of the date of the notice.

1. If the member responds within 30 days and confirms the data is correct, eligibility will be determined using the confirmed data from the electronic data match.

2. If the member responds within 30 days and provides new information, eligibility will be determined using the information provided by the member. Additional verification will be required.

3. If the member does not respond within 30 days, eligibility will be determined using available information received from the electronic data sources. If information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated.

(b) If the electronic data match indicates a change in circumstances that would result in an increase or no change in benefits, the MassHealth agency will automatically update the case using the information received from the electronic data match and redetermine eligibility. If the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing him or her of the start date for the new benefit. The effective date of the change is the date of the redetermination of eligibility.

Here, the Appellant submitted her renewal form within 30 days of the date of termination. 130 CMR 516.007(C)(3)(b)3. However, the Appellant has not submitted the requested verifications of her bank accounts, which would allow MassHealth to determine whether she remains eligible for MassHealth Long-Term-Care. The record was held open until January 2, 2026, for the Appellant to submit the requested information. Exhibits 5 and 6. The Appellant did not do so. Exhibit 9. Therefore, the Appellant has not demonstrated that MassHealth erred, and the 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.

Emily Sabo
Hearing Officer
Board of Hearings



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