

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517406
Decision Date:	2/19/2026	Hearing Date:	01/09/2026
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



Appearance for MassHealth:

Sherri Paiva, 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; Disability
Decision Date:	2/19/2026	Hearing Date:	01/09/2026
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton MassHealth Enrollment Center (Telephone)	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 her MassHealth benefits were ending November 28, 2025, because she must complete a new application because she is over the age of 65. Exhibit 1 (citing 130 CMR 501.002(B)). The Appellant filed this appeal in a timely manner on [REDACTED]. 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 benefits effective [REDACTED].

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001(A)(1)(a), in requiring the Appellant to complete a senior application for MassHealth benefits.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is [REDACTED] and has a household size of one. The MassHealth representative testified that the termination notice was generated because the Appellant had turned [REDACTED]. The MassHealth representative testified that the Appellant submitted a senior application for those 65 and over on [REDACTED]. The MassHealth representative testified that the Appellant was approved for MassHealth Senior Buy-in on December 26, 2025. The MassHealth representative testified that healthcare reform regulations only applied for people under 65.

The Appellant's representative verified the Appellant's identity. The Appellant's representative testified that the Appellant did not receive notice of the termination until [REDACTED], and it did not have a postmark. The Appellant's representative testified that they acted immediately to file an appeal and submit a senior application. The Appellant's representative testified that she was frustrated because MassHealth did not send the Appellant a senior application prior to terminating her MassHealth benefits. The Appellant's representative testified that MassHealth used to send senior applications to members the month before [REDACTED]. The Appellant's representative explained that the Appellant is disabled and works 40 hours per month and needs her MassHealth benefits. The Appellant's representative asked if the Appellant's assets would be considered in determining her eligibility for MassHealth CommonHealth, and the MassHealth representative responded that the question would have to be answered by an over-65 eligibility specialist. The Appellant's representative explained that the Appellant has a special needs trust, and that they did not have sufficient time to gather all of the information related to the special needs trust. The Appellant's representative stated that it felt wrong of MassHealth to terminate the Appellant's benefits in this way.

Findings of Fact

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

1. The Appellant is [REDACTED] and has household size of one. Testimony, Exhibit 4.
2. The Appellant turned [REDACTED]. Testimony, Exhibit 4.
3. On [REDACTED], MassHealth notified the Appellant that it was terminating her MassHealth benefits, effective November 28, 2025, because she had not completed a senior or 65-and-over application. Exhibit 1.
4. On [REDACTED], the Appellant submitted a senior application to MassHealth. Testimony.
5. On [REDACTED], the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.

6. On December 26, 2025, the Appellant was approved for MassHealth Senior Buy-in. Testimony.

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must meet certain financial and categorical standards in order to be eligible. One of the major dividing lines for categorical eligibility is the age of 65. Individuals aged 65 and older have eligibility for MassHealth benefits determined using the regulations at 130 CMR 515.001-520.001, and those under 65 are typically determined by the regulations at 130 CMR 501.001-508.001.

In order for MassHealth to determine an individual's eligibility for benefits, the individual must first complete the relevant application. A senior application must be submitted in order to qualify for the benefits described in the regulations at 130 CMR 515.001-520.001.

When an individual is 65 or older, MassHealth regulations provide:

130 CMR 516.001: Application for Benefits

(A) Filing an Application

(1) Application. To apply for MassHealth

(a) for a person living in the community, the person or their authorized representative must file a complete paper Senior Application and all required supplements or apply in person at a MassHealth Enrollment Center (MEC); or

(b) for a person in need of long-term-care services in a nursing facility, the person or their authorized representative must file a complete paper Senior Application and all required supplements or apply in person at a MEC.

(2) Date of Application

(a) The date of application is the date the application is received by the MassHealth agency.

(b) An application is considered complete if it complies with 130 CMR 516.001(C).

(c) If an applicant described in 130 CMR 519.002(A)(1) has been denied SSI in the 30-day period before the date of application for MassHealth, the date of application for MassHealth is the date the person applied for SSI.

(3) Paper Applications or In-person Applications at the MassHealth Enrollment Center (MEC)—Missing or Inconsistent Information

(a) If an application is received at a MEC or MassHealth outreach site and the applicant did not answer all required questions on the Senior Application, or if the Senior Application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.

(b) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.

(c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the request referred to in 130 CMR 516.001(A)(3)(b), the MassHealth agency will request any corroborative information necessary to determine eligibility, as provided in 130 CMR 516.001(B) and (C).

(d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referred to in 130 CMR 516.001(A)(3)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response is received, provided that if the required response is submitted more than one year after the initial incomplete application, a new application must be completed.

(e) Inconsistent answers are treated as unanswered.

(B) Corroborative Information. The MassHealth agency requests all corroborative information necessary to determine eligibility.

(1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the application.

(2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request and of the consequences of failure to provide the information.

(C) Receipt of Corroborative Information. If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

MassHealth Eligibility Operations Memo (EOM) 23-19 (August 2023) provides:

Members who were enrolled in MassHealth CommonHealth for at least ten years are now eligible to remain on MassHealth CommonHealth after turning 65 whether they work or not. These members must submit a renewal form for seniors over age 65 (SACA-2-ERV). If the member does not meet the criteria for MassHealth Standard per 130 CMR 519.005(A): *Eligibility Requirements* they will remain in CommonHealth. MassHealth members who do not meet the ten-year criteria upon turning 65 may still receive CommonHealth if they continue to work at least 40 hours per month (or have worked at least 240 hours in the six months before the date of

the SACA-2-ERV submission). This is per 130 CMR 519.012(A): *Working Disabled Adults*. Members applying for MassHealth CommonHealth who are aged 65 and older, regardless of working status, will be subject to all other rules for the CommonHealth program per 130 CMR 519.012(A).

As authorized under 130 CMR 516.001(A)(1)(a), MassHealth requires that those 65 and older complete a senior application. Therefore, the Appellant has not demonstrated MassHealth erred in requiring her to do so here. Accordingly, the appeal is denied.

Prior to the hearing, the Appellant submitted a senior application to MassHealth. Additionally, the Appellant may be eligible to continue her CommonHealth benefits under EOM 23-19.¹

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

¹ The Appellant's Medicaid Management Information System (MMIS) record indicates that she was enrolled in CommonHealth for at least 10 years. Exhibit 4. EOM 23-19 also states that "if you have questions about this memo, please have your MEC designee contact the Policy Hotline." EOM 23-19.

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: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780