

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part	Appeal Number:	2518186
Decision Date:	1/23/2026	Hearing Date:	12/30/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kiana St. Jean, 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:	Approved in part	Issue:	Community Eligibility—over 65
Decision Date:	1/23/2026	Hearing Date:	12/30/2025
MassHealth’s Rep.:	Kiana St. Jean	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 2, 2025, MassHealth notified the Appellant that it was terminating his MassHealth benefit effective October 16, 2025, because the Appellant was over 65 and needed to complete new application for people █ years old or older. Exhibit 1. The Appellant filed this appeal.¹ 130 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 Standard benefit, effective October 16, 2025.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.007(C)(2), in

¹ As will be discussed further below the date of the appeal is disputed.

terminating the Appellant's MassHealth Standard benefit.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is █ years old. The MassHealth representative testified that on █, the Appellant's child turned █, and so the Appellant was no longer eligible for an under-█ benefit, and that is what generated the termination notice. The MassHealth representative testified that the Appellant would need to complete a █-and-over application, which was mailed to the Appellant on December 23, 2025. The MassHealth representative testified that because the Appellant's child turned █ and the Appellant is █, based on MassHealth's rules, the Appellant has a household size of two, which consists of the Appellant and his wife.

The Appellant verified his identity. The Appellant testified that he applied for and was approved for Medicare in August 2025. The Appellant testified that he received a notice in August 2025 from MassHealth stating that his MassHealth benefit was being extended, that Medicare would be his primary insurance, that MassHealth would be his secondary insurance and that MassHealth would also pay his Medicare Part B premium. The Appellant testified that MassHealth paid for his Medicare Part B premium only for September and October 2025, and that he was then surprised to receive the termination notice from MassHealth dated October 2, 2025. The Appellant testified that he immediately mailed in an appeal to the address listed on the notice. The Appellant testified that he did not receive a response from MassHealth, and so he faxed in his appeal again in November 2025. He submitted a copy of his fair hearing request that indicates it was received by MassHealth on November 10, 2025. Exhibit 2 at 1. The Appellant testified that he did not hear anything and so followed up with MassHealth in December 2025, and was then told that he had filed his appeal in the wrong place. The Appellant testified that he only received a MassHealth 65-and-over application two days before the hearing, but that he would complete and submit it. The Appellant testified that beginning in November 2025, \$185 has been deducted from his monthly Social Security benefit payments to pay for his Medicare Part B premium and that he would like that money back. The Appellant shared his concern that MassHealth treating people 65-and-older differently was discriminatory. He also stated that MassHealth having differing rules to determine household size and composition for people under 65 did not make sense to him.

Findings of Fact

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

1. The Appellant is █ years old. Testimony; Exhibit 4.
2. The Appellant is married, has a child, and lives in the community. Testimony.

3. The Appellant's child turned [REDACTED] on [REDACTED]. Testimony.
4. On [REDACTED], MassHealth notified the Appellant that it was terminating his MassHealth benefit effective October 16, 2025, because the Appellant was over [REDACTED] and needed to complete new application for people [REDACTED] years old or older. Exhibit 1.
5. The Appellant filed an appeal on November 10, 2025. Exhibit 2.
6. On December 23, 2025, MassHealth sent the Appellant a [REDACTED]-and-older application, which the Appellant received on December 28, 2025. Testimony.

Analysis and Conclusions of Law

MassHealth regulations provide:

130 CMR 501.002: Introduction to MassHealth

(A) The MassHealth agency is responsible for the administration and delivery of MassHealth services to eligible low- and moderate-income individuals, couples, and families.

(B) 130 CMR 501.000 through 130 CMR 508.000 provide the MassHealth requirements for children, young adults, parents and caretaker relatives, adults, people who are pregnant, disabled persons, persons who are HIV positive, individuals with breast or cervical cancer, and certain other individuals or couples who are younger than 65 years old and not institutionalized. These requirements are prescribed in accordance with all applicable laws, including Title XIX and Title XXI of the Social Security Act, and MassHealth's 1115 Medicaid Research and Demonstration Waiver.

(C) 130 CMR 515.000: MassHealth: General Policies through 130 CMR 522.000: MassHealth: Other Division Programs provide the MassHealth requirements for persons who are institutionalized, 65 years of age or older, or who would be institutionalized without community-based services in accordance with all applicable laws, including Title XIX of the Social Security Act.

....

130 CMR 505.002: MassHealth Standard

....

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

- (a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);
- (b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified

noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and
(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of their children, or has children who are absent from home to attend school; or

2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

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.

....

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.

(B) Financial Standards Not Met. Except as provided in 130 CMR 519.005(C), individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004: Asset Reduction, meeting a deductible as described at 130 CMR 520.028: Eligibility for a Deductible through 520.035: Conclusion of the Deductible Process, or both.

(C) Parents and Caretaker Relatives of Children Younger Than 19 Years Old.

(1) Eligibility Requirements. Adults who are 65 years of age and older and are the parents or caretaker relatives of a child younger than 19 years old receive MassHealth Standard if they meet the requirements of 130 CMR 505.002(C): Eligibility Requirements for Parents and Caretaker Relatives or (L): Extended Eligibility.

(2) Other Provisions. The following provisions apply to adults described in 130 CMR 519.005(C)(1) and 130 CMR 505.002(A)(6), (M): Use of Potential Health Insurance Benefits, (O): Medicare Premium Payment, and (P): Medical Coverage Date.

(3) Countable Income. Eligibility for adults described in 130 CMR 519.005(C)(1) is based on the individual's modified adjusted gross income of the MassHealth MAGI household and the income rules described at 130 CMR 506.002: Household Composition, 506.003: Countable Household Income, and 506.004: Noncountable Household Income.

(4) Exemption from Asset Limits. The asset limits in 130 CMR 520.003: Asset Limit do not apply to applicants or members described in 130 CMR 519.005(C)(1).

130 CMR 519.010: Medicare Savings Program (MSP) – Qualified Medicare Beneficiaries (QMB)

(A) Eligibility Requirements. MSP (Buy-in) QMB coverage is available to Medicare beneficiaries who

- (1) are entitled to hospital benefits under Medicare Part A;
- (2) have a countable income amount (including the income of the spouse with whom he or she lives) that is less than or equal to 190% of the federal poverty level;
- (3) Effective until February 29, 2024, have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare and Medicaid Services. Each calendar year, the allowable asset limits shall be made available on MassHealth’s website. Effective March 1, 2024, MassHealth will disregard all assets or resources when determining eligibility for MSP-only benefits; and
- (4) meet the universal requirements of MassHealth benefits in accordance with 130 CMR 503.000 : Health Care Reform: MassHealth: Universal Eligibility Requirements or 130 CMR 517.000 : MassHealth: Universal Eligibility Requirements, as applicable.

(B) Benefits. The MassHealth agency pays for Medicare Part A and Part B premiums and for deductibles and coinsurance under Medicare Parts A and B for members who establish eligibility for MSP coverage in accordance with 130 CMR 519.010(A).

(C) Begin Date. The begin date for MSP coverage is the first day of the calendar month following the date of the MassHealth eligibility determination.

130 CMR 519.011: Medicare Savings Program (MSP) – Specified Low Income Medicare Beneficiaries and Qualifying Individuals

(A) MSP (Buy-in) for Specified Low Income Medicare Beneficiaries (SLMB).

(1) Eligibility Requirements. MSP is available for Specified Low Income Beneficiaries who

- (a) are entitled to hospital benefits under Medicare Part A;
- (b) have a countable income amount (including the income of the spouse with whom they live) greater than 190% and less than or equal to 210% of the federal poverty level. MassHealth will disregard all assets or resources when determining eligibility for MSP only benefits;
- (c) Effective until February 29, 2024, have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare and Medicaid Services. Each calendar year, the allowable asset limits shall be made available on MassHealth’s website. Effective March 1, 2024, MassHealth will disregard all assets or resources when determining eligibility for MSP-only benefits; and
- (d) meet the universal requirements of MassHealth benefits in accordance with 130 CMR

503.000: Health Care Reform: MassHealth: Universal Eligibility Requirements or 130 CMR 517.000: MassHealth: Universal Eligibility Requirements, as applicable

(2) Benefits. The MassHealth agency pays the cost of the monthly Medicare Part B premium for members who establish eligibility for MSP for SLMB coverage in accordance with 130 CMR 519.011(A).

(3) Begin Date. MSP for SLMB coverage, in accordance with 130 CMR 519.011(A), begins with the month of application and may be retroactive up to three calendar months before the month of application.

(B) MSP for Qualifying Individuals (QI).

(1) Eligibility Requirements. MSP for Qualifying Individuals (QI) coverage is available to Medicare beneficiaries who

(a) are entitled to hospital benefits under Medicare Part A;

(b) have a countable income amount (including the income of the spouse with whom he or she lives) that is greater than 210% of the federal poverty level and less than or equal to 225% of the federal poverty level;

(c) effective until February 29, 2024, have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare & Medicaid Services. Each calendar year, the allowable asset limits shall be made available on MassHealth's website. Effective March 1, 2024, MassHealth will disregard all assets or resources when determining eligibility for MSP-only benefits; and

(d) meet the universal requirements of MassHealth benefits in accordance with 130 CMR 503.000: Health Care Reform: MassHealth: Universal Eligibility Requirements or 130 CMR 517.000: MassHealth: Universal Eligibility Requirements, as applicable.

(2) Benefits. The MassHealth agency pays the entire Medicare Part B premium, in accordance with section 1933 of the Social Security Act (42 U.S.C. § 1396u-3), for members who establish eligibility for MSP for QI coverage in accordance with 130 CMR 519.011(B).

(3) Eligibility Coverage Period.

(a) MSP for QI coverage, in accordance with 130 CMR 519.011(B), begins with the month of application. Coverage may be retroactive up to three months before the month of application provided

1. the retroactive date does not extend into a calendar year in which the expenditure cap described at 130 CMR 519.011(B)(4) has been met; and

2. the applicant was not receiving MassHealth benefits under the Medicaid state plan during the retroactive period.

(b) Once determined eligible, a member who continues to meet the requirements of 130 CMR 519.011(B) is eligible for the balance of the calendar year. Such members are not adversely impacted by the provisions of 130 CMR 519.011(B)(4).

(4) Cap on Expenditures.

(a) The MassHealth agency does not extend eligibility to individuals who meet the requirements of MSP for QI in accordance with 130 CMR 519.011(B), if the MassHealth

agency estimates the amount of assistance provided to these members during the calendar year will exceed the state's allocation, as described in section 1933 of the Social Security Act.

(b) The MassHealth agency gives preference to members who were eligible for MSP for Specified Low Income Medicare Beneficiaries, as described in 130 CMR 519.011, or MSP for Qualified Medicare Beneficiaries, as described in 130 CMR 519.010, in December of the previous calendar year when determining an individual's eligibility for MSP for QI, as described in 130 CMR 519.011(B), in the subsequent calendar year.

130 CMR 520.002: Financial Responsibility

(A) Community Residents.

(1) Spouses Living Together. In the determination of eligibility for MassHealth, the total countable-income amount and countable assets of the individual and the spouse who are living together are compared to an income standard and asset limit, unless one spouse is covered by MassHealth under a home- and community-based services waiver, as described in 130 CMR 519.007(B): Home- and Community-based Services Waiver-Frail Elder.

....

In the present case, because the Appellant's child is no longer younger than [REDACTED], the Appellant is no longer eligible for MassHealth Standard as a parent under 130 CMR 505.002(C)(1) or 130 CMR 519.005(C)(1).

Because the Appellant's eligibility now also depends on consideration of his assets, MassHealth cannot automatically determine the Appellant's continued eligibility. 130 CMR 519.005(A)(2). However, under 130 CMR 516.007(C)(2), if an individual is residing in the community and MassHealth cannot determine their continuing eligibility automatically, based on their account or an electronic data match, MassHealth will notify the member of the need to complete the MassHealth eligibility review form and they will be given 45 days from the date of the request to return the form. 130 CMR 516.007(C)(2)(a), (b). Here, that did not occur. Both parties agreed that MassHealth did not send the Appellant a 65-and-older application until December 23, 2025, which the Appellant received on December 28, 2025. This was necessary to complete as part of his eligibility review, and the Appellant was not provided the form, nor 45 days to complete it, before his benefit was terminated. Accordingly, the appeal is approved in part.

MassHealth is directed to reinstate the Appellant's MassHealth Standard benefit back to the date of termination until such time when MassHealth makes an eligibility determination regarding his 65-and-over application.

Order for MassHealth

MassHealth is directed to reinstate the Appellant's MassHealth Standard benefit back to the date of termination until such time when MassHealth makes an eligibility determination regarding his 65-and-over application. Once the appellant's 65-and-over application is submitted and complete, make a new eligibility decision for the Appellant in writing, with appeal rights. End MassHealth Standard coverage once a new eligibility decision has been made for the Appellant.

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.

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.

Emily Sabo
Hearing Officer
Board of Hearings

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