

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2518716
<b>Decision Date:</b>	2/13/2026	<b>Hearing Date:</b>	01/13/2026
<b>Hearing Officer:</b>	Susan Burgess-Cox	<b>Record Open to:</b>	02/06/2026

**Appearance for Appellant:**



**Appearance for MassHealth:**

Patricia Harris

**Interpreter:**



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility – Over 65 - Verification
<b>Decision Date:</b>	2/13/2026	<b>Hearing Date:</b>	01/13/2026
<b>MassHealth’s Rep.:</b>	Patricia Harris	<b>Appellant’s Rep.:</b>	██████████
<b>Hearing Location:</b>	All Parties Appeared by Telephone	<b>Aid Pending:</b>	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 December 10, 2025, MassHealth determined that the appellant is not eligible for MassHealth Community-Based Services because she did not give MassHealth the information it needs to determine eligibility within the required timeframe. (130 CMR 515.008; 130 CMR 516.003; Exhibit 1). MassHealth approved the appellant for the Medicare Savings Program’s Qualified Medicare Beneficiary (QMB) coverage as of December 1, 2025. (130 CMR 519.010; Exhibit 1). The appellant filed a timely appeal on December 18, 2025. (130 CMR 610.015(B); Exhibit 2). At the request of the appellant’s representative, the record was held open.

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that the appellant is not eligible for MassHealth Community-Based Services because she did not give MassHealth the information it needs to determine eligibility within the required timeframe. (130 CMR 515.008 and 516.003). MassHealth determined that the appellant is eligible for the Medicare Savings Program’s Qualified Medicare Beneficiary coverage as of December 1, 2025. (130 CMR 519.010).

## **Issue**

Whether MassHealth was correct in determining the appellant ineligible for MassHealth Community-Based Services for failure to provide the information it needs to determine eligibility and eligible for the Medicare Savings Program Qualified Medicare Beneficiary coverage.

## **Summary of Evidence**

All parties appeared by telephone. In the request for hearing, the appellant asked the Board of Hearings to provide an interpreter. At the beginning of the hearing, the appellant's daughter was on the telephone with the appellant. The appellant authorized her daughter to serve as an appeal representative and the appellant's daughter agreed to move forward without the assistance of an interpreter. The interpreter was dismissed.

The appellant is over 65-years of age and lives in the community. MassHealth sent the appellant a request for information with information due on or before December 10, 2025. Through a notice dated December 10, 2025, MassHealth determined the appellant ineligible for MassHealth Community-Based Services as she did not provide the information necessary to determine eligibility for that program. (Testimony; Exhibit 1). The information requested all involved assets of the appellant. MassHealth determined the appellant eligible for the Medicare Savings Program for Qualified Medicare Beneficiaries (MSP-QMB) beginning December 1, 2025.

The MassHealth representative testified that the agency sent the appellant more than one information request and called the appellant at least three times prior to the hearing to try and obtain the information necessary to determine eligibility for a program other than the MSP-QMB program. As of the date of the hearing, the appellant did not provide all of the information necessary to determine eligibility for a program other than the MSP-QMB. The record was held open and at the close of that period, the agency still had not received all of the information necessary to determine eligibility for a program other than MSP-QMB.

## **Findings of Fact**

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

1. The appellant is over 65-years of age and lives in the community.
2. MassHealth sent the appellant a request for information with information due on or before December 10, 2025.

3. On December 10, 2025, MassHealth determined the appellant ineligible for Community-Based Services as she did not provide the information necessary to determine eligibility for that program.
4. MassHealth determined the appellant eligible for the Medicare Savings Program for Qualified Medicare Beneficiaries (MSP-QMB) beginning December 1, 2025.
5. As of the date of the hearing, MassHealth still had not received the necessary information from the appellant to determine eligibility for other Community-Based Services.
6. As of the close of a record open period, the appellant did not provide all of the information necessary to determine eligibility for other Community-Based Services.

## **Analysis and Conclusions of Law**

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members. (130 CMR 515.002). The regulations governing MassHealth at 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for noninstitutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as defined by Title XIX of the Social Security Act and authorized by M.G.L. c. 118E, and certain Medicare beneficiaries. (130 CMR 515.002). The appellant in this case is over 65 years of age. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply to this case. (130 CMR 515.002).

Pursuant to 130 CMR 515.008, applicants or members must cooperate with MassHealth in providing information to establish and maintain eligibility and must comply with all of the rules and regulations governing MassHealth, including recovery. MassHealth requires verification of eligibility factors including income, assets, residency, citizenship, immigration status and identity. (130 CMR 516.003). MassHealth initiates information matches with federal and state agencies and other informational services, as described at 130 CMR 516.004, when an application is received in order to verify eligibility. (130 CMR 516.003(A)). If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual. (130 CMR 516.003(B)). 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)).

The following time standards are listed in the regulations as applicatory to the verification of eligibility factors:

- (1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications.
- (2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.
- (3) A new application is required if a reapplication is not received within 30 days of the date of denial. (130 CMR 516.003(D)).

Except with respect to the verifications of citizenships and immigration status, MassHealth will permit, on a case-by-case basis, self-attestation of individuals for all eligibility criteria when documentation does not exist at the time of application or renewal, or is not reasonably available, such as in the case of individuals who are homeless or have experienced domestic violence or a natural disaster. (130 CMR 516.003(G)). The appellant did not demonstrate that she would meet any of the requirements for the agency to allow for self-attestation.

As noted at the hearing, individuals not eligible for MassHealth Community-Based Services may still be eligible to have MassHealth pay their Medicare premium without having to verify assets if they qualify for a Medicare Savings Program (MSP). Effective November 24, 2023, MassHealth offers MSP coverage to: Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), and Qualifying Individuals (QI).

Pursuant to 30 CMR 519.010(A), the Medicare Savings Program (MSP) for Qualified Medicare Beneficiaries (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.

MassHealth was correct in determining that the appellant is eligible for the MSP for QMB without needed verification of assets as they are not countable in determining eligibility for that program. MassHealth was correct in denying coverage for other programs where the

agency is required to review assets as the appellant did not provide the information it needs to determine eligibility within the required timeframe.

This 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.

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Susan Burgess-Cox  
Hearing Officer  
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171