

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2600427
Decision Date:	02/20/2026	Hearing Date:	February 05, 2026
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representative:

Palestrina Dessaines St. Fort



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth of Medical Assistance
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Approved	Issue:	Verifications 130 CMR 610.071
Decision Date:	02/20/2026	Hearing Date:	February 05, 2026
MassHealth Rep.:	P. Dessaines St. Fort	Appellant Rep.:	Pro se
Hearing Location:	Springfield	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

The appellant received a notice dated November 14, 2025, stating: "MassHealth is ending your coverage on November 25, 2025 because we did not get your MassHealth eligibility review form in time". (Exhibit 1).

The appellant filed this appeal timely on January 07, 2026. (130 CMR 610.015(B); Exhibit 2).

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

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth Standard coverage for failure to return his eligibility review form.

Issue

Has the appellant completed the required review form to determine his continued eligibility?

Summary of Evidence

MassHealth testified that on September 25, 2025, the appellant was sent an eligibility review form to be completed. On November 14, 2025, MassHealth notified the appellant his coverage would be terminated on November 25, 2025 for failure to return his completed review form. On November 21, 2025, the appellant contacted MassHealth and completed the requested review form over the phone. On December 04, 2025, MassHealth processed the appellant's completed review form and the appellant's MassHealth Standard was reinstated retroactive to November 01, 2025. On January 28, 2026, MassHealth sent the appellant a notice stating he was approved for MassHealth Standard retroactive to November 01, 2025, with no gap in coverage. (Exhibit 4).

The appellant responded that he understands he has been approved for MassHealth Standard retroactive to November 01, 2025; however, Commonwealth Care Alliance (CCA) has indicated he is approved only as February 01, 2025. The appellant testified he has many issues that are not being addressed by MassHealth as well as other agencies. The appellant stated is bed bound and feels he has been totally abandoned as there is no one to help him. The appellant maintained that for the last four years he has tried to get help from MassHealth, Medicare, CCA, Legal Aid, his social worker, as well as the Ombudsman with a number of issues, but he is being ignored. The appellant stated the only group that has ever helped him is "Health Care for All".

MassHealth responded that the appellant has been reinstated on MassHealth Standard as of November 01, 2025 with no break in coverage. If the appellant has an issue with CCA coverage, he must contact them. Further, the appellant can contact the MassHealth phone number and someone will assist him with completing any MassHealth form or issue, however MassHealth does not assign individual workers to applicants. The appellant was advised to contact Elder Services, CCA, or Legal Services or Health Care for All once again if he needs further personal assistance with his various issues.

The appellant responded that despite his many requests CCA, Legal Aid, MassHealth, Medicaid, and the Ombudsman have all refused to assist him with his many concerns.

Although the appellant was repeatedly told the November 14, 2025 issue concerning his MassHealth Standard termination had been resolved, as his MassHealth Standard has been reinstated as of November 01, 2025 with no gap in coverage, he continued to restate his complaints regarding his treatment by MassHealth, Medicare, Legal Services, CCA, and the Ombudsmen, and maintain he is not being helped. The hearing was eventually terminated after the appellant would not cease from repeated his complaints that he has many issues that must still be resolved and voicing his displeasure with the response from various agencies including the Board of Hearings.

Findings of Fact

1. On September 25, 2025 MassHealth provided the appellant a review form to be completed for his continued MassHealth Standard eligibility. (Testimony).
2. On November 14, 2025 MassHealth terminated the appellant's MassHealth Standard coverage when the completed review form was not returned. (Testimony).
3. On November 21, 2025 the appellant contacted MassHealth and the required review form was completed over the phone. (Testimony).
4. On December 04, 2025 the appellant's review form was processed and the appellant was reinstated on MassHealth Standard retroactive to November 01, 2025, with no gap in coverage. (Exhibit 4).
5. On January 28, 2026 MassHealth sent the appellant a notice stating the was approved for MassHealth Standard retroactive to November 01, 2025 with no gap in coverage. (Exhibit 4).

Analysis and Conclusions of Law

The appellant received a notice dated November 14, 2025, stating MassHealth was ending his coverage as he failed to return a completed review form within the proper time period. On November 21, 2025 the appellant contacted MassHealth and completed the required review form. On December 04, 2025, the appellant's completed review form was processed and on January 28, 2026, MassHealth notified the appellant he was approved for MassHealth Standard benefits retroactive to November 01, 2025. (Exhibit 4).

Prior to the fair hearing, the appellant submitted all verifications needed to process the application for MassHealth benefits and MassHealth testified all eligibility conditions were met. The regulations require that evidence submitted at or prior to a hearing shall not be excluded for the reason that it had not been previously submitted and the effective date of any adjustments to eligibility status shall be the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted (130 CMR 610.071(A)(2)).

The appellant has submitted all required information for eligibility and has been approved for MassHealth Standard coverage retroactive to November 01, 2025 with no gap in coverage, and as a result, the appellant's appeal is approved.

Order for MassHealth

None, now that the appellant's MassHealth Standard coverage has been approved retroactive to November 01, 2025 with no gap in coverage.

Notification of Your Right to Appeal to Court

If you disagree with this decision, in part or whole, 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Springfield MEC