

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2179679
Decision Date:	01/26/2022	Hearing Date:	01/19/2022
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se



Appearance for MassHealth:
Fabienne Jeanniton - Tewksbury HCR



*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	Issue:	HCR – Income
Decision Date:	01/26/2022	Hearing Date:	01/19/2022
MassHealth’s Rep.:	Fabienne Jeanniton	Appellant’s Rep.:	
Hearing Location:	Remote	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 November 23, 2021, MassHealth denied the appellant’s application for MassHealth benefits because his reported income was too high to qualify. Exhibit 2; 130 CMR 506.007. The appellant filed this appeal in a timely manner on December 22, 2021. Exhibit 3; 130 CMR 610.015(B). Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant’s application for MassHealth benefits based upon his reported income.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.000 and 506.000, in determining that the appellant was over income for MassHealth benefits as of the date of this application for benefits.

Summary of Evidence

The appellant is a single individual between the ages of 22 and 64. He applied for MassHealth benefits on November 17, 2021 from the hospital following a traumatic accident that required and ambulance ride and surgery. The appellant testified that someone from the hospital filled out the application for him, asking him question while he was on painkillers and not thinking clearly. He

reported that he worked at a temp agency making \$880 weekly. The appellant's mother testified that she told the hospital worker at the time that the appellant would not be able to return to his temp job, and that he would have zero income.

MassHealth's representative testified that she had called the appellant the day before the hearing and accepted his report of zero income. However, she was only able to approve benefits 10-days before the date the income was updated. Therefore, the appellant was approved for CarePlus as of January 8, 2022, 10 days prior to the updated income information.

At the hearing, the appellant testified that his last day worked was November 12, 2021. The appellant's mother testified that after they received the denial notice she called MassHealth to correct the erroneous information but was told that she needed to file an appeal to do so.

Findings of Fact

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

1. The appellant is a single individual between the ages of 22 and 64. He applied for MassHealth benefits on November 17, 2021, reporting employment income \$880 weekly. Testimony by MassHealth's representative.
2. On November 23, 2021, MassHealth denied the appellant's application for MassHealth benefit because his income was too high to qualify. Exhibit 2.
3. The appellant's last day of employment was November 12, 2021, and he has received zero income since that day. Testimony by the appellant.

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 fit into a category of eligibility and fall below a certain financial threshold. Adults between the ages of 22 and 64 may qualify for CarePlus benefits if they have countable income below 133% of the federal poverty level. 130 CMR 505.008. The appellant would have been over-income based upon the income listed on his application.

MassHealth regulations generally hold a member responsible for reporting changes that affect their eligibility. See 130 CMR 501.010(B) ("The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility.") Any changes for existing members can only go back to "ten days prior to ... the receipt of the requested verifications [or] ... the date of [MassHealth's] eligibility determination [based on] reported changes" 130 CMR 502.006(B)(1)(a), (c). However, coverage changes for new applicants are effective "ten days prior to the date of application." 130 CMR 502.006(A).

MassHealth's argument is that the appellant reported a change on the day before the hearing, which means the change in their eligibility can only go back 10 days before the date reported. However, in

a fair hearing, the “effective date of any adjustments to the appellant’s eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.” 130 CMR 610.071(A)(2). Therefore, this is APPROVED as the evidence submitted at the hearing was that the appellant satisfied all eligibility conditions as of November 13.¹

This outcome is also warranted according to EOM 21-17 (Nov. 2021).

Upon request, any individuals younger than age 65 who applied for MassHealth on or after March 1, 2020, will receive retroactive coverage if they would have been eligible. Coverage will begin as early as the first day of the third calendar month before the month of application, but no earlier than March 1, 2020.

November 13, 2021 is within this retroactive eligibility period.

Order for MassHealth

Approve the appellant for CarePlus as of November 13, 2021.

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.

¹ It is possible that *reporting* a change is itself an eligibility condition. Even if this were the case, the appellant did not report a “change.” Rather, this it was a correction of misreported information on an application. The appellant even tried to call and correct the information without a hearing but were informed they would need to proceed to a hearing to correct the matter.

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.

Christopher Jones
Hearing Officer
Board of Hearings

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

