


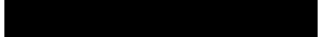
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2406574
<b>Decision Date:</b>	5/28/2024	<b>Hearing Date:</b>	05/21/2024
<b>Hearing Officer:</b>	Scott Bernard		

**Appearances for Appellant:**

 via telephone  
 via telephone


**Appearance for MassHealth:**

Courtney Juday (Springfield MEC) via telephone



*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>	Approved	<b>Issue:</b>	Over 65/Renewal
<b>Decision Date:</b>	5/28/2024	<b>Hearing Date:</b>	05/21/2024
<b>MassHealth's Rep.:</b>	Courtney Juday	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<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 March 27, 2024, MassHealth terminated the appellant from MassHealth as of April 10, 2024, because MassHealth determined the appellant did not return an eligibility form to MassHealth in a timely manner. (See 130 CMR 516.006 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on April 22, 2024. (See 130 CMR 610.015(B) and Ex. 1). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant did not return an eligibility review in a timely manner.

### Summary of Evidence

At that hearing, an eligibility worker from the Springfield MassHealth Enrollment Center (MEC)

testified to the following. The appellant received MassHealth Standard under a Home and Community Based Services Waiver from January 14, 2019 through April 10, 2024. (Testimony; Ex. 2). On February 6, 2024, MassHealth sent the appellant an eligibility review form with instructions to complete and return it to MassHealth no later than March 22, 2024. (Testimony). MassHealth did not receive a completed eligibility review form from the appellant by March 22, 2024. (Testimony). By notice dated March 27, 2024 MassHealth informed the appellant that his MassHealth Standard would end on April 10, 2024 because he did not return the eligibility review form. (Testimony; Ex. 1).

The MassHealth representative testified that the appellant subsequently submitted the requested eligibility form on March 28, 2024, and MassHealth processed it on April 4, 2024. (Testimony). The MassHealth representative stated that as of the hearing date, the appellant still needed to submit certain verifications, which she identified. (Testimony). The verifications are not due until July 4, 2024. (Testimony).

## **Findings of Fact**

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

1. The appellant received MassHealth Standard under a Home and Community Based Services Waiver starting January 14, 2019. (Testimony; Ex. 2).
2. On February 6, 2024, MassHealth sent the appellant an eligibility review form with instructions to complete and return it to MassHealth no later than March 22, 2024. (Testimony).
3. MassHealth did not receive a completed eligibility review form from the appellant by March 22, 2024. (Testimony).
4. By notice dated March 27, 2024 MassHealth informed the appellant that his MassHealth Standard would end on April 10, 2024 because he did not return the eligibility review form. (Testimony; Ex. 1).
5. The appellant subsequently submitted the requested eligibility form on March 28, 2024, and MassHealth processed it on April 4, 2024. (Testimony).
6. MassHealth determined the appellant still needed to submit certain verifications, which are not due until July 4, 2024. (Testimony).

## **Analysis and Conclusions of Law**

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 516.007(C)).

The hearing officer may not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. 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)).

The appellant was terminated from MassHealth by notice dated March 27, 2024 for failure to return the eligibility review form. The appellant submitted the eligibility review form on the next day, March 28, 2024. MassHealth processed the eligibility review form on April 4, 2024. It is not clear why MassHealth still terminated the appellant's benefits on April 10, 2024 since it received the eligibility review form prior to that date. Because the appellant submitted the review form prior to the hearing date, 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. MassHealth shall reopen the appellant's MassHealth benefits retroactive to April 10, 2024. MassHealth sent a request for information to the appellant after April 4, 2024 and such verifications are due in July, 2024. MassHealth may issue a new notice of eligibility once the due date for these requested verifications has passed. The appeal is

approved.

## **Order for MassHealth**

Rescind the notice dated March 27, 2024 and reopen the appellant's MassHealth benefit retroactive to the termination date of April 10, 2024.

## **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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc:

Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104