

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2408554
Decision Date:	8/1/2024	Hearing Date:	06/25/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:



Appearance for MassHealth:

Via telephone:

Shanell Santiago, 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:	Denied	Issue:	Eligibility – under 65; eligibility review form
Decision Date:	8/1/2024	Hearing Date:	06/25/2024
MassHealth’s Rep.:	Shanell Santiago	Appellant’s Rep.:	Brother
Hearing Location:	Tewksbury MassHealth Enrollment Center 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 May 15, 2024, MassHealth notified the appellant’s head of household that the appellant’s MassHealth benefits would terminate on May 29, 2024 because she did not return the eligibility review form within the allowed time (Exhibit 1). The appellant filed this appeal in a timely manner on May 30, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial and/or termination of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant it would terminate her benefits effective May 29, 2024 because she did not return the eligibility review form within the allowed time.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant did not return the eligibility review form and terminating her coverage on May 29, 2024.

Summary of Evidence

The representatives for MassHealth and the appellant both appeared at hearing via telephone. The MassHealth representative testified that the appellant's head of household did not return the eligibility review form in time, which prompted the termination notice on May 15, 2024. MassHealth sent a renewal to the appellant's head of household on March 1, 2024 with a due date of May 10, 2024. MassHealth did not receive the renewal until May 31, 2024. MassHealth also explained that the appellant, who is [REDACTED] is not a tax dependent of the head of household, who is over the age of [REDACTED]. Because she is an adult and no longer a tax dependent, the appellant needs to file her own, under [REDACTED] application for MassHealth. The MassHealth representative stated she would mail the appellant an application. The appellant's MassHealth CarePlus benefits are currently protected by aid pending.

The appellant's brother testified that he mailed the renewal for the head of household at the end of April or the beginning of May. But he understood that the appellant needed to submit her own application.

Findings of Fact

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

1. On May 15, 2024, MassHealth notified the appellant's head of household that the appellant's coverage would terminate on May 29, 2024 because she did not submit the eligibility review form within the allowed time (Testimony and Exhibit 1).
2. The head of household is over the age of [REDACTED] (Testimony).
3. The appellant is between the ages of [REDACTED] but at the time of the notice, the appellant was part of the head of household's case (Testimony).
4. On May 30, 2024, the appellant timely appealed the termination notice (Exhibit 2).
5. MassHealth sent a renewal to the appellant's head of household on March 1, 2024 with a due date of May 10, 2024 (Testimony).
6. MassHealth did not receive the renewal until May 31, 2024 (Testimony).

Analysis and Conclusions of Law

According to 130 CMR 516.007(A) and 130 CMR 502.007(A), MassHealth reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's change 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 a result of such review.

130 CMR 516.007(C)(2) states that MassHealth will notify the member of the need to complete the eligibility review form and the member will be given 45 days from the date of the request to return the eligibility review form. If the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.

Here, MassHealth properly notified the appellant's head of household on March 1, 2024 that she needed to submit an eligibility review form by May 10, 2024, which is more than the required 45 days from the date of the request. While the appellant testified that he sent it sooner, MassHealth did not receive the eligibility review form until May 31, 2024, past the due date. As a result, MassHealth properly notified the appellant on May 15, 2024 that her benefits would terminate on May 29, 2024, 14 days from the date of the termination notice. For these reasons, the MassHealth decision to terminate the appellant's benefits was correct and the appeal is denied.¹

Order for MassHealth

None, other than to discontinue aid pending.

¹ As discussed at hearing, the appellant is an adult over the age of [REDACTED] who is not a tax dependent of the head of household. Her representative understood that the appellant needed to file her own MassHealth application.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

[REDACTED]

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