

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2408653
<b>Decision Date:</b>	9/13/2024	<b>Hearing Date:</b>	08/06/2024
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Kay Omokoya



*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>	Eligibility – Under 65 years of age
<b>Decision Date:</b>	9/13/2024	<b>Hearing Date:</b>	08/06/2024
<b>MassHealth's Rep.:</b>	Kay Omokoya	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown 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 05/03/2024, MassHealth informed the appellant that his MassHealth benefits would terminate on 05/17/2024 because MassHealth did not receive a completed annual eligibility renewal within the time allowed (130 CMR 520.007(C)(2) and Exhibit 1). The appellant filed this appeal in a timely manner on 05/31/2024 (130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (130 CMR 610.032).

A fair hearing was scheduled to take place on 07/19/2024; however, the appellant requested that the hearing be rescheduled because he was taking part in military training. His request to reschedule was approved and the fair hearing was rescheduled to take place on 08/06/2024 (Exhibits 3A and 3B).

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits on 05/17/2024.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant is not eligible for MassHealth benefits.

## **Summary of Evidence**

The MassHealth representative from the Charlestown MassHealth Enrollment Center testified that the appellant previously was eligible for and received MassHealth CarePlus benefits. The appellant, an adult, was counted as part of his father's family group. Earlier this year, MassHealth informed the head of household on the case, the appellant's father, that MassHealth required an annual eligibility renewal application to be submitted. The father submitted his renewal and did not include the appellant on his case. MassHealth did not receive a separate renewal from the appellant, so the instant notice was issued informing the appellant that his MassHealth benefits would terminate on 05/17/2024. As of the date of the fair hearing, the appellant has not submitted an eligibility renewal.

The appellant appeared at the fair hearing telephonically and testified that because he is under 26 years of age, he wants to again be included with his father's household. He refuses to submit a new eligibility renewal on his own.

## **Findings of Fact**

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

1. The appellant is between 19 and 64 years of age. He lives in the community.
2. Prior to the instant notice, the appellant was eligible for and received MassHealth CarePlus benefits as part of his father's household.
3. Earlier in 2024, MassHealth informed the appellant's father that the household needed to complete an annual eligibility renewal application.
4. The appellant's father completed the annual eligibility renewal application and did not include the appellant in the household.
5. On 05/03/2024, MassHealth informed the appellant that the appellant's MassHealth benefits would terminate on 05/17/2024 because MassHealth did not receive a completed annual eligibility renewal within the time allowed.
6. On 05/31/2024, the appellant filed a timely appeal to MassHealth's termination notice.
7. A fair hearing was scheduled to take place on 07/19/2024; however, it was rescheduled on

request of the appellant.

8. The fair hearing took place on 08/06/2024. The parties appeared telephonically.
9. As of the date of the fair hearing, no new application for MassHealth benefits was submitted by the appellant.
10. MassHealth is unable to make a determination of the appellant's eligibility for LTC benefits without a current application on file.

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 502.007(C) address continued eligibility for the under-65 population who lives in the community, as follows:

(C) 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) If the data match results in no change in benefits or in a more comprehensive benefit for all members of the household, the MassHealth agency will notify the head of household that eligibility has been reviewed using the automatic renewal process.

(b) In addition, if the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing him or her of the start date for the new coverage. The start date of the new coverage is described at 130 CMR 502.006, except that premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month that the insurance deduction begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).

(2) Prepopulated Renewal Application. Households whose continued eligibility cannot be determined based on electronic data matches with federal and state agencies and households whose eligibility would change to a less comprehensive benefit for at least one member of the household as a result of the data matches will be required to complete a prepopulated renewal application.

(a) ***The MassHealth agency will notify the head of household of the need to complete the renewal application.***

(b) The head of household will be given 45 days from the date of the request to return the paper prepopulated renewal application, log onto their MAHealthConnector.org account to complete the renewal application online, or call the MassHealth agency to complete the renewal application telephonically.

1. If the renewal application 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. If verification through electronic data match is unsuccessful, the MassHealth agency will request required verifications as described in 130 CMR 502.003 and the individual continues to receive benefits pending verification.

**2. If the renewal application is not completed within 45 days, the MassHealth agency will**

a. use information received from electronic sources, if available, and redetermine eligibility; or

**b. if information is not available from electronic sources, terminate MassHealth coverage as described at 130 CMR 502.006(B).**

3. If the individual submits the prepopulated renewal application within 90 days of the termination date, as described in 130 CMR 502.007(C)(2)(b)2., and is determined eligible for a MassHealth benefit, the date of coverage for MassHealth is determined by the coverage type for which the individual is now eligible, in accordance with 130 CMR 502.006(A). The begin date of MassHealth coverage may be retroactive to the date of the termination if the individual requests retroactive coverage and has incurred covered medical services since the date of the termination.

4. If the prepopulated renewal application is returned, but the required verifications are not submitted with the form, a second 90-day period starts on the date that the prepopulated form is returned.

5. If the prepopulated renewal application is not submitted within 90 days of the previous termination date, a new application is required.

(c) If the member's coverage type changes, the start date for the new coverage type is determined as follows. 1. If the member's coverage type changes, the start date for the new coverage type is effective as described in 130 CMR 502.006(A).

(Emphasis added.)

The appellant is a young adult who lives in the community. His MassHealth benefits were terminated in on 05/17/2024 for failure to provide MassHealth a completed eligibility renewal form. As of the date of the fair hearing, there has been no completed annual eligibility review form submitted by the appellant.

MassHealth correctly followed the steps in the above regulations. It informed the head of household of the appellant's case that a new eligibility renewal was necessary. The head of household submitted a new eligibility renewal, excluding the appellant from the household. MassHealth could not determine the appellant's eligibility without an updated eligibility renewal form. MassHealth will process a new application when it is submitted.

MassHealth complied with its regulations. There is no basis for approving the appellant's benefits without a new application or eligibility review form on file. Accordingly, 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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129