

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2412333
Decision Date:	09/30/2024	Hearing Date:	09/12/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Patrick George, 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:	Community Eligibility – under 65
Decision Date:	09/30/2024	Hearing Date:	09/12/2024
MassHealth’s Rep.:	Patrick George	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	Yes

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 July 31, 2024, MassHealth notified the appellant that her coverage will end on August 14, 2024, because she did not submit a non-custodial parent form to MassHealth within the allowed time frame. See 130 CMR 502.007 and Exhibit 1. The appellant filed this appeal in a timely manner on August 7, 2024. See 130 CMR 610.015(B) and Exhibit 2. Aid pending was put in place to protect the appellant’s MassHealth benefits. Any action to suspend, reduce, terminate, or restrict a member’s assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth terminated the appellant’s coverage effective August 14, 2024, because she did not submit a non-custodial parent form to MassHealth within the allowed time frame.

Issue

Whether MassHealth was correct in terminating appellant’s coverage for failure to submit a non-custodial parent form to MassHealth within the allowed time frame. See 130 CMR 502.007; 130 CMR 503.504(B).

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The appellant appeared pro se and verified her identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant is an adult under the age of 65. The appellant was on MassHealth Standard Since March 2021. The MassHealth representative stated that in October 2023 and August 2024, non-custodial parent forms were mailed out to the appellant, but the appellant did not submit the form to MassHealth as requested. Through a notice dated July 31, 2024, MassHealth notified the appellant that her MassHealth coverage will end on August 14, 2024, because she did not submit the requested non-custodial parent form within the allowed time frame. Aid pending was put in place to protect the appellant's MassHealth benefits. As of the hearing date, MassHealth had not received a completed non-custodial parent form from the appellant.

The appellant testified that she had received the non-custodial parent forms in October 2023 and August 2024. She said that since her child was residing with her, she did not believe that the form applied to her. As such, she did not submit the form to MassHealth. She stated that she will submit the form immediately to MassHealth by facsimile.

The MassHealth representative stated that the facsimile number is provided on the form and reinstated the number as 857-323-8300.

Findings of Fact

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

1. The appellant is an adult under the age of 65. (Testimony and Exhibit 4).
2. The appellant has been on MassHealth Standard since March 2021. (Testimony and Exhibit 4).
3. In October 2023 and August 2024, non-custodial parent forms were mailed out to the appellant. (Testimony).
4. MassHealth did not receive a non-custodial parent form as requested. (Testimony).

5. On July 31, 2024, MassHealth notified the appellant that her MassHealth coverage will end on August 14, 2024, because she did not submit the requested non-custodial parent form within the allowed time frame. (Testimony and Exhibit 1).
6. The appellant filed this appeal in a timely manner on August 7, 2024. (Exhibit 2).
7. Aid pending was put in place to protect the appellant's MassHealth benefits. (Testimony).
8. As of the hearing date, MassHealth had not received a completed non-custodial parent form. (Testimony).

Analysis and Conclusions of Law

In order to determine eligibility, applicants have certain responsibilities as set forth in 130 CMR 501.010.

....(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth may be terminated.

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000. See 130 CMR 502.003. The MassHealth agency may initiate information matches with other agencies and information sources when an application is received, at annual renewal, and periodically, in

order to update or verify eligibility. See 130 CMR 502.004. If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, the MassHealth agency will notify the member of the information that was received through the data match and require the member to respond within 30 days of the date of the notice. See 130 CMR 502.007(C)(3)(a). If the member does not respond within 30 days and information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated. See 130 CMR 502.007(C)(3)(a)(3).

Additionally, every legally able applicant or member must assign to the MassHealth agency his or her rights to medical support and third-party payments for medical benefits provided under MassHealth as well as the rights of applicants or members for whom he or she can legally assign medical support and third-party payments. See 130 CMR 503.004(A). The applicant or member “must fully cooperate with the MassHealth agency in (1) establishing paternity; (2) obtaining any medical support and payments; and (3) identifying and providing information to assist the MassHealth agency in pursuing third parties, including a noncustodial parent, who may be legally obligated to pay for care and services for the applicant or member, or person on whose behalf benefits are requested, unless the applicant or member has grounds to waive cooperation as described in 130 CMR 503.005 or 505.002 (D).” See 130 CMR 503.004(B).

Here, MassHealth notified the appellant in October 2023 and August 2024, that she must submit a non-custodial parent form in order to continue her eligibility for MassHealth benefits. See Id.; 130 CMR 502.007(C)(3). The appellant confirmed the receipt of the non-custodial parent form and admitted that she had not submitted the form to MassHealth as of the date of the hearing. She explained that she misunderstood the form’s applicability because her child resides with her. The appellant stated that she will submit the form immediately to MassHealth by facsimile.

Since the appellant admitted not submitting the required information in the allowed time frame, MassHealth appropriately notified the appellant that her coverage will end on August 14, 2024, for her failure to submit the required form. See 130 CMR 502.007(C)(3).

For the foregoing reasons, this appeal is DENIED.

Order for MassHealth

Remove the aid pending protection.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290