

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in Part; Denied in Part	<b>Appeal Number:</b>	2413372
<b>Decision Date:</b>	10/17/2024	<b>Hearing Date:</b>	09/25/2024
<b>Hearing Officer:</b>	Susan Burgess-Cox		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Shanell Santiago



*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 in Part; Denied in Part	<b>Issue:</b>	Start Date & Coverage Type
<b>Decision Date:</b>	10/17/2024	<b>Hearing Date:</b>	09/25/2024
<b>MassHealth's Rep.:</b>	Shanell Santiago	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	All Parties Appeared by Telephone	<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 August 19, 2024, MassHealth determined the appellant qualifies for MassHealth CarePlus starting July 16, 2024. (130 CMR 505.000; Exhibit 1A). Through a notice dated May 21, 2024, MassHealth determined that they would be ending the appellant's MassHealth Standard benefits as of June 4, 2024 as MassHealth had not received a renewal application to continue coverage. (130 CMR 502.007; Exhibit 1B). The appellant filed an appeal on August 29, 2024. (Exhibit 2). The notice sent on May 21, 2024 was addressed to the appellant's mother and mailed to a post office box (PO Box) in [REDACTED] (Exhibit 1B). The notice issued on August 19, 2024 was addressed to the appellant alone at a mailing address in [REDACTED] (Exhibit 1A). The appellant resides with her mother at this new address.

The MassHealth representative at hearing noted that until the August 2024 eligibility decision on appeal, the appellant's eligibility was managed through the Department of Transitional Assistance (DTA). Pursuant to 130 CMR 501.004, other agencies are involved in the administration of MassHealth including the Department of Transitional Assistance. The appellant testified that she did not receive any notices regarding MassHealth eligibility until August 2024. The appellant's mother testified that the family group reported the change of address to DTA more than one year before the date of the hearing. The MassHealth representative responded that MassHealth only has records of contact with their agency. The earliest contact that MassHealth had in their records was from a telephone call on July 26, 2024 where the appellant completed an application by telephone. During the hearing, the MassHealth representative obtained a copy of a notice from

May 21, 2024 ending coverage stating that it was issued through a system administered by DTA. The MassHealth representative testified that they could access the notice but not any other records of correspondence or telephone contacts between the appellant and DTA.

Pursuant to 130 CMR 610.015(A), before an intended appealable action, MassHealth must send a written timely notice to the member except as provided in 130 CMR 610.027. A timely notice is a notice mailed at least ten days before the action. (130 CMR 610.015(A)). Such notice must include a statement of the right of appeal and the time limit for appealing. (130 CMR 610.015(A)). Pursuant to 130 CMR 610.015(B)(1), the Board of Hearings (BOH) must receive the request for a fair hearing within 60 days after an applicant or member receives written notice from MassHealth of the intended action. Such notice must include a statement of the right of appeal and the time limit for appealing. (130 CMR 610.015(B)(1)). In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing. (130 CMR 610.015(B)(1)). The Board of Hearings can also accept a request for hearing 120 days from the date of an agency action when MassHealth fails to send written notice of the action. (130 CMR 610.015(B)(2)(c)). In this case, the agency working to administer the appellant's eligibility for MassHealth, the Department of Transitional Assistance, failed to send written notice of the action taken on May 21, 2024 to the correct address. The appeal filed on August 29, 2024 can address an agency action dating back to May 21, 2024. (130 CMR 610.015(B)(2)).

Denial of assistance and a decision regarding the scope and amount of assistance are both valid grounds for appeal. (130 CMR 610.032).

## **Action Taken by MassHealth**

MassHealth ended coverage as of June 4, 2024 and then determined the appellant eligible for MassHealth CarePlus as of July 16, 2024. (130 CMR 502.007; 130 CMR 505.000).

## **Issue**

Whether MassHealth was correct in determining the appellant's eligibility and coverage start date. (130 CMR 505.000).

## **Summary of Evidence**

As noted above, the appellant's eligibility was managed through the Department of Transitional Assistance (DTA) until the most recent decision on appeal. The notice dated May 21, 2024 is addressed to the appellant's mother at a PO Box in [REDACTED]. The appellant is over the age of [REDACTED]. The appellant was eligible for MassHealth Standard until coverage ended on June 4, 2024 due to MassHealth not receiving a renewal application to continue coverage. On July 26, 2024, the appellant completed a telephone application. The appellant is a family group of one who has not been deemed disabled and has no income. MassHealth determined the appellant

eligible for MassHealth CarePlus as of July 16, 2024. The MassHealth representative noted that the appellant has a gap in coverage from June 4, 2024 to July 16, 2024 as the coverage terminated due to the agency not receiving a renewal application and coverage for the new application could only go back 10 days prior to the receipt of the application. The MassHealth representative noted that the agency did not have records of any contact with the appellant prior to July 26, 2024.

The appellant appeared by telephone with her mother. The appellant did not challenge the coverage type, only the termination and eligibility start date. As noted above, the termination for failure to provide a renewal application was addressed to the appellant's mother at a PO Box in [REDACTED]. The notice issued on August 19, 2024 was addressed to the appellant alone at a location in [REDACTED]. The appellant resides with her mother at this new location. The appellant and her mother moved to this new address more than one year prior to the hearing date.

The MassHealth representative testified that the appellant was eligible for MassHealth Standard as a minor in a case administered through the Department of Transitional Assistance. The appellant's mother testified that they did not know that the appellant's coverage was terminated until the appellant received a bill for a services provided in an emergency room in June 2024. The appellant's mother testified that they believed that the appellant had MassHealth coverage at the time. The appellant's mother testified that the hospital could not verify coverage on the day that the appellant received treatment because it was a holiday. The appellant's mother could not recall the date of service or holiday which prohibited the hospital from verifying MassHealth coverage or assisting in filing an application for MassHealth.

The appellant's mother testified that they attempted to contact MassHealth after the visit to the hospital and were initially informed that the appellant was not eligible for MassHealth. Upon receiving a bill from the hospital, the appellant contacted MassHealth and completed an application by telephone. Neither the appellant nor her mother could provide specific testimony regarding the dates of service or contacts with MassHealth. Only the MassHealth representative could provide accurate testimony regarding contact with the agency.

## **Findings of Fact**

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

1. On May 21, 2024, the agency issued a notice ending the appellant's MassHealth coverage of June 4, 2024 as the agency did not receive a renewal application.
2. The notice dated May 21, 2024 is addressed to the appellant's mother at a PO Box in [REDACTED].
3. The appellant's eligibility was managed through the Department of Transitional Assistance (DTA) until the most recent eligibility decision on appeal.

4. On July 26, 2024, the appellant completed an application by telephone.
5. The appellant is a family group of one who has not been deemed disabled and has no income.
6. MassHealth determined the appellant eligible for MassHealth CarePlus as of July 16, 2024.
7. On August 19, 2024, MassHealth issued an eligibility notice to the appellant alone at an address in [REDACTED]
8. The appellant resides with her mother at this new address.
9. The appellant has been at this address for more than one year.
10. The appellant had a gap in coverage from June 4, 2024 to July 16, 2024.

## **Analysis and Conclusions of Law**

As noted above, this decision will address eligibility notices from May 2024 and August 2024 as the fair hearing regulations allow up to 120 days for the Board of Hearings to receive an appeal when MassHealth fails to send written notice of the action. (130 CMR 610.015). Despite the lack of clarity from the appellant and her mother regarding the dates of service and prior contact with the agency, this decision will address the notice issued in May 2024 due to the fact that the agency sent the May 2024 notice to a Post Office Box in a different town and could not verify contact with the appellant or her mother as the case was initially administered by the Department of Transitional Assistance.

Pursuant to 130 CMR 610.071(A)(2), 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. As neither party disputed the fact that the appellant met the eligibility conditions for MassHealth CarePlus as of the date of the decision issued in May 2024, the appellant's coverage can go back to June 4, 2024. (130 CMR 610.071(A)(2)).

While the appellant did not appear to challenge the coverage type for which she was approved, this decision will address that issue as it was the subject of the notice issued in August 2024.

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker

relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);

- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults [REDACTED] years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries.

The appellant does not have any children under the age of [REDACTED] and has not been deemed disabled by MassHealth or the Social Security Administration. The only program that the appellant meets the categorial requirements for is MassHealth CarePlus.

MassHealth CarePlus provides coverage to adults [REDACTED] years of age. (13 CMR 505.008(A)(1)). Persons eligible for MassHealth CarePlus must meet the following conditions:

- (a) The individual is an adult [REDACTED] 64 years of age.
- (b) The individual is a citizen, as described in 130 CMR 504.002: U.S. Citizens, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): Qualified Noncitizens.
- (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.
- (d) The individual is ineligible for MassHealth Standard.
- (e) The adult complies with 130 CMR 505.008(C).
- (f) The individual is not enrolled in or eligible for Medicare Parts A or B. (130 CMR 505.008(A)(2)).

The appellant meets the categorial and financial requirements to qualify for MassHealth CarePlus.

The date of coverage is determined by the coverage type for which the applicant may be eligible. (130 CMR 502.006). For existing members whose eligibility determination results in a less comprehensive benefit, the end date of the existing coverage is no sooner than 14 days from the date of the notice unless the MassHealth member files an appeal in a timely manner and requests continued MassHealth benefits pending such an appeal or reinstatement of benefits. (130 CMR 502.006(B)(3)). In this case, the appellant is seeking reinstatement of benefits. (130 CMR 502.006(B)). However, MassHealth was correct in their determination

regarding eligibility for CarePlus which was correct. As the initial notice on appeal was issued on May 21, 2024 ending coverage as of June 4, 2024, if MassHealth had all of the information necessary to determine the appellant eligible for CarePlus as of that date, the coverage would downgrade to CarePlus as of June 4, 2024 which is 14 days from the date of the notice. This provides the appellant with the appropriate MassHealth coverage as of the date in which all eligibility conditions should have been met. (130 CMR 610.071(A)).

This appeal is approved in part and denied in part as the decision regarding the coverage type was correct but MassHealth needs to adjust the start date to June 4, 2024.

## **Order for MassHealth**

Determine the appellant eligible for MassHealth CarePlus as of June 4, 2024.

## **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.

## **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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Susan Burgess-Cox  
Hearing Officer  
Board of Hearings

cc:

[REDACTED]

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