# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:** 



Decision Date: Hearing Officer:	11/18/2024 Mariah Burns	Hearing Date:	10/31/2024
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Appeal Decision:	Approved	Appeal Number:	2415112

Pro se

Appearance for MassHealth: Sherrianne Paiva, Taunton MassHealth Enrollment Center



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:	Approved	Issue:	Under 65; Eligibility; Residency
Decision Date:	11/18/2024	Hearing Date:	10/31/2024
MassHealth's Rep.:	Sherrianne Paiva	Appellant's Rep.:	Pro se
Hearing Location:	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 August 8, 2024, MassHealth terminated the appellant's MassHealth CarePlus benefits for failure to provide proof of Massachusetts residency. *See* 130 CMR 503.002 and Exhibit 1. The appellant filed this appeal in a timely manner on September 19, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

#### **Action Taken by MassHealth**

MassHealth terminated the appellant's MassHealth CarePlus benefits.

#### lssue

The appeal issue is whether MassHealth was correct in terminating the appellant's benefits for failure to provide his proof of Massachusetts residency.

#### **Summary of Evidence**

The appellant is an adult under the age of 65 who resides in a household of one. MassHealth was

represented by a worker from the Taunton MassHealth Enrollment Center. All parties appeared at the hearing by telephone. The following is a summary of the testimony and evidence provided:

Prior to the notice at issue, the appellant received MassHealth CarePlus benefits. On June 5, 2024, MassHealth sent a request for information notifying the appellant of his need to verify his Massachusetts residency with a due date of July 22, 2024. MassHealth did not receive the required proof, and on August 8, 2024, issued a notice terminating the appellant's MassHealth CarePlus benefits with an effective start date of August 22, 2024.

The appellant testified that he has lived at his current address in Massachusetts for approximately three months. Prior to that, he resided with his mother in a different Massachusetts town, and he has lived in the Commonwealth for approximately eight to nine years. The MassHealth representative accepted the appellant's testimony that he is a current resident and agreed to prospectively reinstate the appellant's MassHealth CarePlus benefits considering that information. The appellant reported that he visited the doctor at the end of September and received a bill for that appointment.

# **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 who resides in a household of one and who, prior to the notice at issue, was a recipient of MassHealth CarePlus benefits. Exhibit 4, Testimony.

2. On June 5, 2024, MassHealth sent a request for information notifying the appellant of his need to verify his Massachusetts residency with a due date of July 22, 2024. Testimony.

3. The appellant did not send in that proof of residency, and on August 8, 2024, MassHealth issued a notice terminating the appellant's MassHealth CarePlus benefits with an effective start date of August 22, 2024. Exhibit 1, Testimony.

4. The appellant filed a timely request for fair hearing on September 19, 2024. Exhibit 2.

5. The appellant currently resides in the Commonwealth of Massachusetts and has lived here for at least eight years. Testimony.

6. The MassHealth representative agreed to reinstate the appellant's MassHealth CarePlus benefits prospectively after hearing his testimony regarding his Massachusetts residency. Testimony.

## Analysis and Conclusions of Law

MassHealth is responsible for the administration and delivery of relevant services to eligible lowand moderate-income individuals, couples, and families. 130 CMR 501.002(A). As a condition of eligibility, "an applicant must be a resident of the Commonwealth of Massachusetts." 130 CMR 503.002. An individual's residency is confirmed in the following manner:

(E) (1) The individual's residency is considered verified if the individual has attested to Massachusetts residency and the residency has been confirmed by electronic data matching with federal or state agencies or information services.

(2) If residency cannot be verified through electronic data matching or there is conflicting information, the MassHealth agency may require documentation to validate residency.

(F) Acceptable proof of Massachusetts residency includes the following, as well as any other verification allowed as determined by the MassHealth agency:

(1) copy of deed and record of most recent mortgage payment (if mortgage is paid in full, provide a copy of property tax bill from the most recent year);

(2) current utility bill or work order dated within the past 60 days;

(3) statement from a homeless shelter or homeless service provider;

(4) school records (if school is private, additional documentation may be requested);

(5) nursery school or daycare records (if school is private, additional documentation may be requested);

(6) Section 8 agreement;

(7) homeowner's insurance agreement;

(8) proof of enrollment of custodial dependent in public school;

(9) copy of lease and record of most recent rent payment; or

(10) affidavit supporting residency signed under pains and penalties of perjury that states the individual is not visiting Massachusetts for personal pleasure or to receive medical care in a setting other than a nursing facility.

130 CMR 503.002(E)-(F). MassHealth members are required to "cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." 130 CMR 501.010(A).

An appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon "evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency's interpretation of its rules, policies and regulations." Further, "[t]he effective date of any

adjustment 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).

In this case, although the appellant failed to submit his proof of residency in accordance with the timeline set by the June 5, 2024, request for information, he credibly testified that he is a resident of Massachusetts and has been for at least eight years. That testimony was accepted by the MassHealth representative at the hearing, who agreed to prospectively reinstate his benefits at the hearing. Therefore, although I do not find that the August 8, 2024, notice was technically issued in error, I do find that the appellant met the conditions for MassHealth eligibility on the date that his benefits were terminated, and he properly appealed that termination, preserving the issue. For those reasons, and pursuant to 130 CMR 610.071(A)(2), I find that the reinstatement of the appellant's MassHealth CarePlus benefits should be made retroactive to the date of termination.

For the foregoing reasons, the appeal is hereby APPROVED.

### **Order for MassHealth**

Approve the appellant's MassHealth CarePlus benefits retroactive to the termination date of August 22, 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.

Mariah Burns Hearing Officer Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616