

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417754
Decision Date:	1/23/2025	Hearing Date:	12/17/2024
Deputy Director/Hearing Officer:	Patricia Mullen	Record Open to:	01/17/2025

Appearances for Appellant:



Appearance for MassHealth:

Timothy O'Donnell, 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:	Verifications; Continuous Eligibility for a Child
Decision Date:	1/23/2025	Hearing Date:	12/17/2024
MassHealth's Rep.:	Timothy O'Donnell, Tewksbury MEC	Appellant's Reps.:	Father, mother
Hearing Location:	Tewksbury MassHealth Enrollment Center (remote)		

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 October 1, 2024, MassHealth terminated the appellant's MassHealth Family Assistance benefits effective October 31, 2024, because MassHealth determined that the appellant had been getting MassHealth based on continuous coverage rules and no longer met such rules. (see 130 CMR 505.005 and Exhibit 1). The appellant filed this appeal in a timely manner on November 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 Family Assistance continuous coverage.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.005 and MassHealth EOM 24-02 (March 2024), in determining that the appellant was no longer eligible for continuous coverage of his MassHealth Family Assistance benefits.

Summary of Evidence

The appellant is a minor child and was represented telephonically at the hearing by his parents. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Tewksbury. The appellant was open on MassHealth Family Assistance, most recently, from October, 2019 through October 31, 2024. (Exhibit 4). The MassHealth representative stated a family member applied for MassHealth by phone on September 28, 2023. MassHealth requested verification of income and a non-custodial parent form from the family member and received no response. The MassHealth representative stated that the family member for whom MassHealth is awaiting income and non-custodial parent form is listed as the primary tax filer for the household, which consisted of 5 people including the appellant and the appellant's father, but not the appellant's mother. The MassHealth representative testified that despite the failure to submit requested verifications, the appellant's Family Assistance case stayed open because he is a child. The MassHealth representative stated that continuous eligibility is allowed for children whose income has not been verified. (MassHealth EOM 24-02, March, 2024). The appellant stayed open for one year, but when the income still had not been verified a year later, his continuous coverage was terminated by MassHealth notice dated October 1, 2024. (Testimony).

The appellant's father stated that the family member noted by the MassHealth representative is an adult daughter who has since moved out of the home with her child. The appellant's father stated that he does not file taxes and does not know if the daughter claims family members as dependents. The appellant's mother stated that she files taxes and claims the appellant's father and the appellant as dependents. Another adult child also lives in the home. (Testimony). The appellant's mother stated that she is employed and is offered employer sponsored health insurance through her job. The appellant's mother stated that, per her 2023 W2, she grossed \$78,600.00.

The MassHealth representative stated that MassHealth would need a new application updating the household members and tax filer status. The MassHealth representative stated that the appellant's mother should be included in this application as she is the tax filer claiming the appellant as a dependent. The MassHealth representative stated that once MassHealth has the updated application and verification of income, it can determine the appellant's eligibility for MassHealth.

The appellant's father submitted a letter from the appellant's physician noting his medical conditions. (Exhibit 8). The MassHealth representative advised the appellant's parents to complete

a disability supplement for the appellant for MassHealth to determine if he meets disability criteria for CommonHealth coverage.

The record was left open for one month, until January 17, 2025, to give the appellant's parents the opportunity to submit a new application. (Exhibit 9). By email dated January 22, 2025, the MassHealth representative informed the hearing officer that the appellant's parents submitted a new MassHealth application and such was processed on December 19, 2024. (Exhibit 10). The MassHealth representative stated that the appellant was no longer eligible for Family Assistance based on income, but was approved for the Children's Medical Security Plan. (Exhibit 11). The MassHealth representative reported that the appellant's mother verified gross monthly income of \$6,599.00 and the appellant's father receives gross Social Security of \$1,344.00 a month. (Exhibit 10). The MassHealth representative stated that the family's income exceeds 300% of the federal poverty level for a family of three, \$6,455.00, and thus the appellant is not financially eligible for Family Assistance.

Findings of Fact

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

1. The appellant was open on MassHealth Family Assistance from October, 2019 through October 31, 2024.
2. A family member applied for MassHealth by phone on September 28, 2023, and MassHealth requested verification of income and a non-custodial parent form from the family member.
3. The family member was listed on the application as the primary tax filer for the household, which consisted of 5 people including the appellant and the appellant's father, but not the appellant's mother.
4. Despite the failure to submit requested verifications, the appellant's Family Assistance case stayed open on continuous eligibility because he is a child.
5. The requested verifications still had not been submitted a year later, and the appellant's continuous coverage was terminated by MassHealth notice dated October 1, 2024.
6. The family member noted by the MassHealth representative is an adult daughter who has since moved out of the home with her child.
7. During a record open period, the appellant's parents submitted a MassHealth application.
8. By notice dated December 19, 2024, MassHealth informed the appellant that he was no longer financially eligible for Family Assistance, but was approved for the Children's Medical

Security Plan.

Analysis and Conclusions of Law

Corroborative Information. The MassHealth agency requests all corroborative information necessary to verify eligibility. The applicant must supply such information within 90 days of the receipt of the Request for Information Notice, as described at 130 CMR 502.003(C). (130 CMR 502.001(B)).

Corroborative Information Not Received. If the necessary information is not received within 90 days of the receipt of the Request for Information Notice, as described at 130 CMR 502.003(C), with the exception of the individuals described at 130 CMR 502.001(D)(1) through (4), the MassHealth agency will attempt to redetermine eligibility using electronic data sources, if available, but if such information is not available from these sources, the applicant's MassHealth benefits will be denied or terminated, as described in 130 CMR 502.003(D)(2). The MassHealth agency will notify the applicant accordingly. (130 CMR 502.001(D)).

If all required information is received by the MassHealth agency after the period described in 130 CMR 502.001(D), or after a denial of eligibility, the MassHealth agency reactivates the application and considers it submitted as of the date the information is received, and the medical coverage date is established in accordance with 130 CMR 502.006. A new application must be completed if all required information is not received within one year of receipt of the previous application. (130 CMR 502.002).

MassHealth requested verifications after the appellant's family member submitted the phone application in September, 2023. The requested verifications were not submitted, but the appellant stayed open on MassHealth Family Assistance continuous coverage because he is a child. (see MassHealth Eligibility Operations Memo 24-02, March, 2024). The appellant's continuous coverage ended by MassHealth notice dated October 1, 2024 and such notice was timely appealed. At the hearing it was learned that the family member who filed the September, 2023 application was no longer part of the household and a new application with updated information was necessary. During the record open period, the appellant's parents submitted a new application which was processed by MassHealth.

The issue on appeal was the termination for failure to provide verifications. The appellant has since provided an updated application and verification of income; thus, no issue in dispute remains before the hearing officer. The appeal is DENIED insofar as MassHealth's action in terminating the appellant for failure to submit requested verifications is upheld.

A substantive determination of eligibility was made by MassHealth by notice dated December 19, 2024. The substantive issues of current countable income and family size were not at issue in the verification appeal and thus I cannot rule on the appellant's eligibility for MassHealth Family

Assistance. The appellant is advised to appeal the December 19, 2024 notice to have MassHealth address such issues. The appellant has 60 days from December 19, 2024 to appeal.

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.

Patricia Mullen
Deputy Director/Hearing Officer
Board of Hearings

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