

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2417789
<b>Decision Date:</b>	12/30/2024	<b>Hearing Date:</b>	12/18/2024
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Liz Nickoson, Taunton 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

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Community Eligibility—Under 65
<b>Decision Date:</b>	12/30/2024	<b>Hearing Date:</b>	12/18/2024
<b>MassHealth's Rep.:</b>	Liz Nickoson	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center (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 October 1, 2024, MassHealth denied the Appellant's application for MassHealth benefits on the grounds that his income is too high. 130 CMR 505.008(A)(2)(c) and Exhibit 1. The Appellant filed this appeal in a timely manner on November 19, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied the Appellant's application for benefits on the grounds that his income is too high.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008(A)(2)(c), in determining that the Appellant's income is too high for MassHealth CarePlus.

### Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult between the ages of [REDACTED] and has a household size of one. The MassHealth representative testified that the Appellant's denial for MassHealth benefits on October 1, 2024 was based on MassHealth's records that the Appellant's income was \$65,000 annually. The MassHealth representative testified that MassHealth received an affidavit from the Appellant on December 13, 2024, stating that the Appellant had no income. The MassHealth representative testified that the Appellant was found eligible for MassHealth CarePlus with a coverage start date of December 3, 2024.

The Appellant verified his identity. The Appellant testified that MassHealth's income information was based on his previous job, which ended in July 2024. The Appellant testified that he had not earned income since July 2024, and also clarified that he had no unemployment income during that time period. The Appellant testified that he had been looking into enrolling in a COBRA plan with his former employer in August-September 2024, and that he called MassHealth on October 1, 2024, to try to apply for benefits. The Appellant testified that there must have been a miscommunication with the MassHealth representative that he spoke with, who entered his prior income, instead of his current income of zero.

## **Findings of Fact**

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

1. The Appellant is an adult between the ages of [REDACTED] (Testimony).
2. The Appellant has a household size of one, and no income (Testimony).
3. The Appellant applied for MassHealth benefits on October 1, 2024 (Testimony and Exhibit 1).
4. MassHealth denied the Appellant's application for benefits on the grounds that his income was too high (Exhibit 1).
5. The Appellant has not had income since July 2024 (Testimony).
6. The Appellant filed a timely appeal on November 19, 2024 (Exhibit 2).
7. Prior to the hearing, MassHealth approved the Appellant for MassHealth CarePlus benefits, effective December 3, 2024 (Testimony).

## **Analysis and Conclusions of Law**

MassHealth CarePlus regulations at 130 CMR 505.008(A) provide:

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults [REDACTED] years of age.
- (2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *Health Care Reform: MassHealth: Managed Care Requirements* and must meet the following conditions.
  - (a) The individual is an adult [REDACTED] 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). The MassHealth CarePlus coverage start date is provided for in 130 CMR 505.008(E) and 130 CMR 502.006. For individuals who submit verifications within ninety days, coverage begins ten days prior to the application date. 130 CMR 502.006(A)(2)(a).

Under the MassHealth Fair Hearing Rules at 130 CMR 610.071:

The hearing officer may not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. 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.

130 CMR 610.071(A)(2).

Based on the testimony at hearing, which I credit, the Appellant has not had income since July 2024, such that he is financially eligible for MassHealth CarePlus because his income is less than 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). The only remaining issue in dispute is the coverage start date. As provided for in 130 CMR 610.071, the effective date of the Appellant's eligibility is based on when all the eligibility conditions were met, not when the supporting evidence was submitted. Accordingly, the Appellant's MassHealth CarePlus is approved retroactive to the Appellant's application date of October 1, 2024. 130 CMR

505.008(E); 130 CMR 502.006; & 130 CMR 610.071(A)(2).

Therefore, the appeal is approved, with a CarePlus coverage start date of October 1, 2024.<sup>1</sup>

## **Order for MassHealth**

Send notice to the appellant approving him for MassHealth CarePlus coverage retroactive to October 1, 2024. Do not include appeal rights.

## **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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Emily Sabo  
Hearing Officer  
Board of Hearings

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

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<sup>1</sup> As discussed at the hearing, the Appellant is responsible for notifying MassHealth within ten days, if/when his employment or income changes, in accordance with 130 CMR 510.010(B). 130 CMR 510.010(B).