

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2419410
Decision Date:	04/22/2025	Hearing Date:	03/14/2025
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:



Appearance for MassHealth:

Margaret Anoje



*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 – Start Date
Decision Date:	04/22/2025	Hearing Date:	03/14/2025
MassHealth's Rep.:	Margaret Anoje	Appellant's Rep.:	██████
Hearing Location:	All Parties Appeared by Telephone	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 November 25, 2024, MassHealth approved the appellant for MassHealth CarePlus starting on November 15, 2024. (130 CMR 505.000; Exhibit 1). The appellant filed an appeal in a timely manner on December 18, 2024. (130 CMR 610.015; Exhibit 2). The Board of Hearings scheduled a hearing for January 23, 2025 at 10:45 AM and provided notice to the appellant of the date and time of the hearing. (130 CMR 610.046; 130 CMR 610.047; Exhibit 3).

On January 29, 2025, the Board of Hearings dismissed the appeal because the appellant did not appear at the hearing scheduled for January 23, 2025 at 10:45 AM and the Board of Hearings did not receive a request to change the date and time of the hearing. (130 CMR 610.048). The Board of Hearings provided the appellant 10 days to submit a written request to vacate the dismissal. (130 CMR 610.048).

On February 7, 2025, the Board of Hearings received an electronic mail message from the appellant stating that he did not appear due to an ongoing mental health crisis. The appellant informed the Board of Hearings that he was recently diagnosed with bipolar disorder 1, post-traumatic stress disorder (PTSD) and has started taking medications. The appellant stated that he could not notify the Board of Hearings regarding the need to reschedule the hearing because his condition was unexpected. The appellant stated that he will have his father help him with the

hearing if the Board of Hearings vacates the dismissal and schedules a new date and time for a hearing. The Board of Hearings determined that the appellant presented good cause to reschedule the hearing and issued a notice with a hearing date of March 14, 2025. (130 CMR 610.048; Exhibit 6).

A decision regarding the scope or amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant became eligible for MassHealth CarePlus as of November 15, 2024.

Issue

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

Summary of Evidence

In August 2024, MassHealth sent the appellant a job update form with a due date of September 7, 2024. On September 13, 2024, MassHealth terminated the appellant's coverage as of September 27, 2024 because they did not receive the form. On November 25, 2024, MassHealth received a job update form from the appellant. MassHealth determined the appellant eligible for MassHealth CarePlus as of November 15, 2024. The MassHealth representative testified that the agency could only approve coverage 10 days prior to the receipt of documents necessary to make an eligibility determination.

The appellant did not dispute the coverage type. The appellant was seeking retroactive coverage as he received medical services between the termination date of September 27, 2024 and reinstatement date of November 15, 2024. The appellant testified that he received all correspondence from MassHealth but was experiencing a mental health crisis so unable to take the appropriate action to continue his coverage. The appellant did not file an appeal of the initial action to terminate assistance in September 2025. The first appeal filed by the appellant was in December 2024.

Findings of Fact

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

1. In August 2024, MassHealth sent the appellant a job update form with a due date of

September 7, 2024.

2. On September 13, 2024, MassHealth terminated the appellant's coverage as of September 27, 2024 because they did not receive the job update form.
3. On November 25, 2024, MassHealth received a job update form from the appellant.
4. MassHealth determined the appellant eligible for MassHealth CarePlus as of November 15, 2025.
5. The appellant received medical services between the termination date of September 27, 2024 and reinstatement date of November 15, 2024.
6. The appellant received all the correspondence sent from August 2024 through November 2024.
7. The appellant filed his first appeal in December 2024.

Analysis and Conclusions of Law

The regulations governing MassHealth specifically state that the Board of Hearings must receive a request for a fair hearing within 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. (130 CMR 610.015(B)). 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)).

Pursuant to 130 CMR 610.015(B)(2)(c), unless waived by the Director, an individual may have up to 120 days for the Board of Hearings to receive an appeal when MassHealth fails to send written notice of the action. The appellant specifically admitted to receiving all correspondence issued by MassHealth including the August 2024 job update form and the September 13, 2024 notice terminating coverage. The appellant admitted that he did not provide the necessary information to MassHealth in September 2024 or appeal the September 13, 2024 notice.

The only notice for consideration in this appeal was issued on November 25, 2024 approving the appellant for MassHealth CarePlus as of November 15, 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 21 through 64 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 19 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 21 through 64 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 21 through 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). The coverage start date for existing members who are not pregnant or younger than 19 years of age, when an eligibility determination results in a more comprehensive benefit, the start date of the new coverage is ten days prior to:

- (a) the receipt of the requested verifications;
- (b) the receipt date of the annual renewal;

- (c) the date of the eligibility determination for reported changes that do not result in request for verification; or
- (d) the date of the MassHealth agency's eligibility determination due to information in the member's case file. (130 CMR 502.006(B)).

Additionally, If all required information is received by MassHealth after a denial of eligibility, MassHealth 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.

In this case, MassHealth was correct in reactivating the appellant's eligibility review and determining the appellant eligible for MassHealth CarePlus as of November 15, 2024 which was 10 days prior to the receipt of information on November 25, 2024.

The decision made by MassHealth was correct.

This appeal is denied.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186