

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500968
Decision Date:	3/12/2025	Hearing Date:	02/13/2025
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Alain Michel via telephone

Interpreter:



*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/Over 65/Reapplication at 65
Decision Date:	3/12/2025	Hearing Date:	02/13/2025
MassHealth's Rep.:	Alain Michel	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center	Aid Pending:	Yes

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

On January 1, 2025, MassHealth notified the appellant that her MassHealth coverage would end on January 15, 2025 due to her being [REDACTED] and a new application for individuals aged 65 and older must be completed to determine whether her benefits could continue. (See 130 CMR 501.002(B) and Exhibit (Ex.) 1). The appellant filed an appeal in a timely manner on January 15, 2025 and received aid pending appeal. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's coverage in the [REDACTED] because the appellant turned [REDACTED]

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 501.002, in

determining that the appellant was [REDACTED] or older and had to complete a new application for people [REDACTED] years old or older.

Summary of Evidence

MassHealth was represented by an eligibility worker from the Tewksbury MassHealth Enrollment Center (MEC) and the appellant represented herself with the assistance of an interpreter. All parties attended the hearing telephonically.

The MassHealth representative testified to the following. The appellant lives in a household of one and has been a recipient of MassHealth CarePlus benefits since December 6, 2023. (Testimony; Ex. 3). By January 1, 2025, the appellant was [REDACTED] (Testimony; Ex. 3). The MassHealth representative explained that MassHealth has different sets of regulations for members under the age of [REDACTED] and for those [REDACTED] (Testimony). Once an individual turns [REDACTED] their benefits in the [REDACTED] (Testimony). In order for MassHealth to determine whether the appellant remains eligible for benefits in the [REDACTED] program, the appellant would need to submit a new application for the [REDACTED]. This is known as the “Application for Health Coverage for Seniors and People Needing Long-Term-Care Services” or SACA-2. (Testimony). Once the appellant submits this new application, MassHealth can determine if she remains eligible for MassHealth benefits. (Testimony). Once the appellant turned [REDACTED] MassHealth terminated her CarePlus coverage in the [REDACTED] and sent her the notice under appeal. (Testimony; Ex. 1). The MassHealth representative stated that the appellant’s [REDACTED] benefits were supposed to end on January 15, 2025 but have continued under the protection of the Board of Hearings because she appealed MassHealth’s notice before the effective date of the termination. (Testimony; Ex. 1).

The appellant asked the MassHealth representative how she could obtain the SACA-2 and how she was supposed to fill it out. (Testimony). The MassHealth representative stated that the appellant could obtain a copy of the application online at MassHealth’s website, he could mail her the application, or she could physically visit the MEC that was geographically closest to her residence. (Testimony). The appellant indicated that she would prefer to receive the application by mail, but also stated that she may go to the nearest MEC (which the MassHealth representative identified for her). (Testimony).

Findings of Fact

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

1. The appellant lives in a household of one and has received MassHealth CarePlus since December 6, 2023. (Testimony; Ex. 3).
2. As of January 1, 2025, the appellant was [REDACTED] (Testimony; Ex. 1A).

3. MassHealth has different sets of regulations for members under the age of [REDACTED] and for those over the age of [REDACTED] (Testimony).
4. Once an individual turns [REDACTED] their benefits in the [REDACTED] program end. (Testimony).
5. In order for MassHealth to determine whether the appellant remains eligible for benefits in the [REDACTED] program, the appellant would need to submit a new application for the [REDACTED] program. (Testimony).
6. Once the appellant submits this new application, MassHealth can determine if she remains eligible for MassHealth benefits. (Testimony).
7. After the appellant turned [REDACTED] she was no longer eligible to receive her CarePlus benefits in the [REDACTED].
8. For that reason, MassHealth terminated her CarePlus coverage and sent her the notice under appeal. (Testimony; Ex. 1).
9. The appellant's [REDACTED] benefits were supposed to end on January 15, 2025 but have continued under the protection of the Board of Hearings because she appealed MassHealth's notice before the effective date of the termination. (Testimony; Ex. 1).

Analysis and Conclusions of Law

MassHealth coverage is provided on a separate basis for individuals under the age of 65 and individuals over the age of 65. (See 130 CMR 501.002(B)). The rules for MassHealth for those under the age of 65 are located at 130 CMR 501 – 508. Once an individual [REDACTED] the individual must apply for MassHealth coverage for those over the [REDACTED] (See 130 CMR 516.001 *et seq*). To be eligible for MassHealth CarePlus Direct Coverage, an individual must be an adult between the ages of 21 through 64 years old. (130 CMR 505.008(A)(1),(2)).

The record shows that the appellant was [REDACTED] on [REDACTED] 2025. Once the appellant turned [REDACTED] she was no longer eligible for MassHealth CarePlus benefits because such coverage is available only to members [REDACTED]. In order for MassHealth to determine if she continues to be eligible for benefits for the [REDACTED] program, she would need to submit a new application for persons over the age of [REDACTED]. Once the appellant does so, MassHealth will be able to determine whether she continues to be eligible for MassHealth benefits. Until that time, however, the appellant remains ineligible for her previous benefit because she no longer meets the age requirements for that benefit. The appeal is denied.

Order for MassHealth

Remove aid pending and proceed with the action set forth in the notice dated January 1, 2025.

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA
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