

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501645
Decision Date:	4/14/2025	Hearing Date:	03/03/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearance for MassHealth:

Chantal Centeio



*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 – Verification
Decision Date:	4/14/2025	Hearing Date:	03/03/2025
MassHealth's Rep.:	Chantal Centeio	Appellant's Rep.:	Pro se with Mother
Hearing Location:	Quincy Harbor South	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 12/19/2024, MassHealth informed the appellant he was approved for MassHealth CarePlus benefits, with a benefit effective date of 12/09/2024 (Exhibit 1). The appellant filed this appeal timely on 01/24/2025 (130 CMR 610.015(B); Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations); are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant is eligible for MassHealth CarePlus benefits with a benefit effective date of 12/09/2024.

Issue

Did MassHealth correctly determine the appellant's benefit effective date for his MassHealth CarePlus benefits?

Summary of Evidence

The MassHealth representative from the MassHealth Enrollment Center testified that the appellant is living in the community, and he is between the ages of [REDACTED] years of age. According to the request for a hearing, the appellant is seeking to close a gap of coverage he had from 06/25/2024 to present. He previously was receiving MassHealth CarePlus benefits. On 03/04/2024, MassHealth sent to the appellant a request for proof of income to verify his eligibility for MassHealth programs. The completed form was due by 06/02/2024. It was not received by MassHealth, and a notice was issued on 06/11/2024, informing the appellant that his benefits would terminate on 06/25/2024.

On 10/25/2024, MassHealth received from the appellant a completed “proof of incarceration” form and his case was reopened on CarePlus benefits retroactive to 10/15/2025. The instant notice recognizes that the proof of income was received by MassHealth on 12/19/2024, and the case is currently open.

The appellant appeared at the fair hearing telephonically and was assisted by his mother, who also attended telephonically. They testified that the appellant suffers from schizophrenia. He can be stabilized when he takes his medications; however, when he is off of his medications, he sometimes goes out of state. In fact, he was stranded in [REDACTED] with no money. His mother “found him” and “stabilized him.” He was homeless for two years. The appellant is seeking to have his MassHealth coverage be made retroactive to 06/25/2024 to cover several medical expenses he incurred between then and October 2024, when his coverage was reinstated.

Findings of Fact

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

1. The appellant is between the ages of [REDACTED] and he lives in the community (Testimony).
2. The appellant received MassHealth CarePlus benefits, having been determined to be financially eligible (Testimony).
3. On 03/04/2024, MassHealth sent to the appellant a request for proof of income to verify his eligibility for MassHealth programs. The completed form was due by 06/02/2024 (Testimony).
4. The proof of income verification was not received by MassHealth by 06/02/2024 and a notice was issued on 06/11/2024, informing the appellant that his benefits would terminate on 06/25/2024 (Testimony).
5. On 10/25/2024, MassHealth received the appellant’s verification forms and his CarePlus benefits were re-opened, effective on 10/15/2024 (Testimony).

6. The instant MassHealth approval notice was issued when MassHealth received other verifications of eligibility from the appellant. The approval notice was dated 12/19/2024 and it informed the appellant that he is eligible for MassHealth CarePlus benefits effective on 12/09/2024 (Testimony; Exhibit 1).
7. The appellant's request for a fair hearing was filed on 01/24/2025 (Exhibit 2).
8. The appellant seeks to have his benefits be made retroactive to 06/25/2024, thereby eliminating a lapse of coverage and covering several medical expenses incurred during the break of coverage.
9. A fair hearing took place before the Board of Hearings on 03/03/2024. All parties attended telephonically (Exhibit 3).

Analysis and Conclusions of Law

The appellant had been receiving MassHealth CarePlus benefits. He previously was receiving MassHealth CarePlus benefits. On 03/04/2024, MassHealth sent to the appellant a request for proof of income to verify his eligibility for MassHealth programs. The completed form was due by 06/02/2024. It was not received by MassHealth, and a notice was issued on 06/11/2024, informing the appellant that his benefits would terminate on 06/25/2024. The appellant did not appeal the 06/11/2024 termination notice.

On 10/25/2024, MassHealth received the income verification from the appellant and on MassHealth informed the appellant that he was approved for MassHealth CarePlus benefits, with a benefit effective date of 10/15/2024. The appellant had a lapse of MassHealth coverage between 06/25/2024 and 10/15/2024 during which he incurred unreimbursed medical expenses.

The appellant did not challenge his current eligibility for benefits but is seeking the benefit effective date to be made retroactive to cover his medical expenses incurred on after 06/25/2024.

Fair hearing regulations at 130 CMR 610.015 address time limits as follows:

(B) Time Limitation on the Right of Appeal. The date of request for a fair hearing is the date on which BOH receives such a request in writing. BOH must receive the request for a fair hearing within the following time limits:

(1) **60 days after an applicant or member receives written notice from the MassHealth agency of the intended action.** Such notice must include a statement of the right of appeal and the time limit for appealing. 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;

(2) unless waived by the BOH Director or his or her designee, 120 days from

- (a) the date of application when the MassHealth agency fails to act on an application;
- (b) the date of request for service when the MassHealth agency fails to act on such request;
- (c) the date of MassHealth agency action when the MassHealth agency fails to send written notice of the action; or
- (d) the date of the alleged coercive or otherwise improper conduct, but up to one year from the date of the conduct if the appellant files an affidavit with the BOH Director stating the following, and can establish the same at a hearing (failure to substantiate the allegation either before or at the hearing will be grounds for dismissal):
 - 1. he or she did not know of the right to appeal, and reasonably believed that the problem was being resolved administratively or he or she was justifiably unaware of the conduct in question; and
 - 2. the appeal was made in good faith.
- (3) 30 days after a resident receives written notice of an intent to discharge or transfer pursuant to 130 CMR 610.029(A);
- (4) 30 days after a nursing facility initiates a transfer or discharge or fails to readmit and fails to give the resident notice;
- (5) 14 days after a resident receives written notice of an emergency intent to discharge or emergency transfer pursuant to 130 CMR 610.029(B);
- (6) 14 days after a resident receives written notice of a transfer or discharge that is the result of a nursing facility's failure to readmit the resident following hospitalization or other medical leave of absence;
- (7) for appeals of a decision reached by a managed care contractor:
 - (a) 120 days after the member's receipt of the managed care contractor's final internal appeal decision where the managed care contractor has reached a decision wholly or partially adverse to the member, provided however, that if the managed care contractor did not resolve the member's appeal within the time frames described by 130 CMR 508.010(A), 120 days after the date on which the time frame for resolving that appeal has expired;
 - (b) for timing of request for continuation of benefits pending appeal, see 130 CMR 610.036.
- (8) for appeals of PASRR determinations, 30 days after an individual receives written notice of his or her PASRR determination. 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.

Re'gulations at 502.003(D) address time standards as follows:

The following time standards apply to the verification of eligibility factors.

- (1) The applicant or member has 90 days from the receipt of the Request for Information

Notice to provide all requested verifications.

(2) If the applicant or member fails to provide verification of information within 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.

(a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.

(b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).

(c) ***If the required verifications are received within one year from the date the application or renewal form was received, coverage is reinstated to a date ten days before the receipt of the verifications.***

(d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

(Emphasis added.)

MassHealth correctly determined the effective date of the appellant's MassHealth CarePlus benefits. There was no dispute as to the date MassHealth ultimately received the requested verifications from the appellant – 10/25/2024. In accordance with the above regulations, MassHealth made the benefits effective on 10/15/2024, 10 days prior to the date all the requested verifications were received.

Additionally, the appellant disputed the 06/25/2024 termination notice; however, his request for a fair hearing was received by the Board of Hearings on 01/24/2025. Therefore, it is not within 60 days of the 06/25/2024 notice. Therefore, 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.

Marc Tonaszuck

Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171