

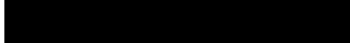
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2503724
<b>Decision Date:</b>	4/9/2025	<b>Hearing Date:</b>	04/01/2025
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Leslie Garcia, 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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Community Eligibility – under 65; Verification. Waivers -Kaileigh Mulligan Program
<b>Decision Date:</b>	4/9/2025	<b>Hearing Date:</b>	04/01/2025
<b>MassHealth's Rep.:</b>	Leslie Garcia	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	Yes

### 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 February 27, 2025, MassHealth notified the appellant that his coverage would be ending on March 13, 2025, because he did not complete MassHealth's eligibility review form within the allowed time frame. See 130 CMR 502.007; 130 CMR 516.007; and Exhibit 1. The appellant filed this appeal in a timely manner on March 6, 2025. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place to protect the appellant's benefits. Any action to suspend, reduce, terminate, or restrict a member's assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032(A)(3).

### Action Taken by MassHealth

MassHealth planned to terminate the appellant's coverage effective on March 13, 2025, because he did not complete MassHealth's eligibility review form.

### Issue



Whether MassHealth correctly determined that the appellant's coverage should end because he did not complete the eligibility review form within the allowed time frame. See 130 CMR 502.007; 130 CMR 516.007.

## **Summary of Evidence**

All parties participated telephonically. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The appellant's mother appeared on his behalf and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that MassHealth received an application for the Kaileigh Mulligan program for the appellant on January 21, 2024, which was approved. She added that MassHealth requested that the appellant submit an eligibility review form and a renewed Child Disability Supplement form in January 2025, but neither was submitted. The MassHealth representative stated that the appellant's last disability determination had a review date of August 12, 2024. As of the date of the hearing, MassHealth had not received an eligibility review form or a renewed Child Disability Supplement form.

The appellant's mother stated that she scanned all the required forms using her phone's scanner application on February 18, 2025, but she could not provide any proof that they were transmitted to MassHealth. She agreed to fax all necessary forms to MassHealth immediately.

## **Findings of Fact**

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

1. The appellant is a child. (Testimony and Exhibit 4).
2. On January 21, 2024, the appellant submitted an application for the Kaileigh Mulligan program, which was approved. (Testimony).
3. The appellant has been on MassHealth Standard since June 1, 2018. (Exhibit 4).
4. The appellant's last disability determination had a review date of August 12, 2024. (Testimony).
5. In January 2025, MassHealth requested that the appellant submit an eligibility review form and a renewed Child Disability Supplement form. Neither form was submitted. (Testimony).



6. On February 27, 2025, MassHealth notified the appellant that his coverage would be ending on March 13, 2025, because he did not complete the eligibility review form within the allowed time frame. (Testimony and Exhibit 1).
7. The appellant filed this appeal in a timely manner on March 6, 2025. (Exhibit 2).
8. An aid pending protection was put in place. (Testimony).
9. As of the date of the hearing, MassHealth had not received an eligibility review form or a renewed Child Disability Supplement form. (Testimony).

## **Analysis and Conclusions of Law**

In order to determine eligibility, applicants have certain responsibilities as set forth in 130 CMR 501.010.

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth may be terminated.

As part of the enrollment and renewal process, MassHealth sets forth the following requirements for individuals who have already been enrolled in MassHealth:



## 502.007: Continuing Eligibility

(A) Annual Renewals. The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within requested time frames. The MassHealth agency updates eligibility based on information received as a result of such review. The MassHealth agency reviews eligibility

- (1) by information matching with other agencies, health insurance carriers, and information sources;
- (2) through a written update of the member's circumstances on a prescribed form;
- (3) through an update of the member's circumstances in person, by telephone, or on the MAHealthConnector.org account; or
- (4) based on information in the member's case file.

(B) Eligibility Determinations. The MassHealth agency determines, as a result of this review, if

- (1) the member continues to be eligible for the current coverage type;
- (2) the member's current circumstances require a change in coverage type, premium payment, or premium assistance payment; or
- (3) the member is no longer eligible for MassHealth.

See 130 CMR 502.007; see also 130 CMR 516.007.

When MassHealth either cannot determine a member's continued eligibility through electronic data matches or when information is obtained but would change the member's eligibility to a less comprehensive benefit, MassHealth outlines the following renewal process:

- ...(a) The MassHealth agency will notify the member of the need to complete the MassHealth eligibility review form.
- (b) The member will be given 45 days from the date of the request to return the paper MassHealth eligibility review form.
1. If the review is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic data matches if available.
  2. If the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.
  3. If the requested review form is submitted within 30 days from the date of the termination, a second eligibility determination is made within 15 days. Eligibility may be established retroactive to the date of termination, if otherwise eligible.
- (c) If the member's coverage type changes, the start date for the new coverage



type is effective as of the date of the written notice.

See 130 CMR 516.007(C)(2).

In the instant case, MassHealth representative testified that MassHealth had not received an eligibility review form or a renewed Child Disability Supplement form. The appellant's mother could not provide any proof that the required forms were transmitted to MassHealth. Thus, as of the hearing date, MassHealth had not received the requested forms, and the appellant's mother could not offer evidence to the contrary.<sup>1</sup> See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings"). As such, I find that MassHealth appropriately notified the appellant that his coverage would end on March 13, 2025, for his failure to complete an eligibility review form. See 130 CMR 502.007(A); see also 130 CMR 516.007(C)(2).

For the foregoing reasons, this appeal is DENIED.

## **Order for MassHealth**

Remove aid pending protection.

## **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.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

Cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

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<sup>1</sup> If MassHealth receives the appellant's eligibility review form and the Child Disability Supplement form, a determination of benefits will be made by MassHealth, and the appellant will have separate right of appeal based on that determination.