

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2508248
Decision Date:	8/18/2025	Hearing Date:	07/11/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Caitlin Aldridge, 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

Appeal Decision:	Approved	Issue:	Comm. Eligibility, Under 65; Coverage Start Date
Decision Date:	8/18/2025	Hearing Date:	07/11/2025
MassHealth's Rep.:	Caitlin Aldridge	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	BOH, Remote	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 4/22/25, MassHealth notified Appellant that she was approved for Standard effective 3/25/25. *See* Exhibit 1. Appellant filed this appeal in a timely manner on 5/27/25 to challenge the coverage start date. *See* 130 CMR 610.015(B) and Exhibit 2. An action to limit or reduce the scope of assistance is a valid ground for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved Appellant for Standard with an effective start date 3/25/25, which left her with a gap in coverage

Issue

The appeal issue is whether MassHealth correctly approved Appellant for Standard with an effective start date of 3/25/25, and whether Appellant is entitled to an earlier start date.

Summary of Evidence

A MassHealth eligibility representative appeared at the hearing by telephone and testified as follows: Appellant is between the ages of [REDACTED]. She resides in a household size three (3) consisting of herself and two minor children whom she claims as dependents. Both children qualify for Standard through DTA. Appellant previously received MassHealth Standard; however, a closure was put on her case on 12/25/24 after MassHealth did not receive a completed update form that had been requested with a due date of 12/20/24. As a result of the closure, Appellant's Standard benefit ended on 1/14/25. On 4/4/25, Appellant submitted a new application which included a completed job update form, and which verified that Appellant was not working and had \$0 income for the household. The MassHealth representative explained that to qualify for Standard, an individual must have a household income that does not exceed 133% of the federal poverty level (FPL). As Appellant was at 0% of the FPL, MassHealth notified her, through a letter dated 4/4/25, that she was approved for Standard with an effective start date of 3/25/25. The MassHealth representative testified that per regulations, MassHealth can only implement coverage 10 days retroactive to the date all eligibility factors are established. Because MassHealth did not receive the completed job update form until 4/4/25, the earliest start date permitted under the regulations is 3/25/25. Therefore, Appellant has a gap in coverage between 1/15/25 – 3/24/25. The MassHealth representative testified that during the gap in coverage, there was no information on file to suggest that Appellant was employed or had income above the allowable limit during this period. A review of Appellant's case history shows that during her prior enrollment she has consistently remained at \$0 income with no employment. According to the information on file, Appellant would otherwise have been eligible for benefits had she completed the job update form in a timely manner assuming all eligibility factors remained the same.

Appellant testified that about 6 to 8 months ago, she went into an episode of severe psychosis and was staying in homeless shelters. Appellant testified that she had been living at the address listed on the notices that MassHealth issued in November and December of 2024, but she was not in a mental capacity where she was able to do anything for herself, including checking mail or responding to requests for information. Appellant testified that the conditions of the home at that address were terrible and partly what led to her psychosis. She left and was homeless. Because of her mental state, she nearly lost her family. She was not aware she lost her MassHealth benefits. Appellant testified that she somehow ended up in a psychiatric unit where she stayed as an inpatient for one month and became stable through treatment. Appellant testified that her admission dates at the facility were from [REDACTED]. Because her MassHealth benefit only covered a portion of the stay, she has incurred medical expenses of over \$1,000. Appellant testified that she remained unemployed with \$0 income at the time her benefits ended through the present. Appellant requested an earlier MassHealth start date to cover the out-of-pocket medical expenses incurred during the gap in coverage.

Findings of Fact

1. Appellant is between the ages of [REDACTED] and is in a household size of 3.
2. On 12/25/24, MassHealth notified Appellant that her Standard benefit would be ending on 1/14/25 because she failed to return a job update form by the required deadline.
3. On 4/4/25, after her benefit ended, Appellant contacted MassHealth and returned a completed job update form through which she reported that she was unemployed and receiving \$0 income.
4. After receiving the outstanding verification, and based on Appellant's attestation of \$0 income, MassHealth notified Appellant, via a letter dated 4/4/25, that she was approved for Standard effective 3/25/25.
5. Appellant had a gap in her Standard coverage between 1/15/25 and 3/24/25, during which she incurred out of pocket medical expenses.
6. During the gap in coverage, Appellant was unemployed and received \$0 income.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 502.006 describe the protocols for determining an applicant or member's coverage start date. Subsection (d) of this regulation states, in relevant part, the following:

(d) For individuals denied for failure to provide verification of requested information who then provide requested verifications or report changes after the denial, the start date of coverage...

2. [...] will begin ten days prior to the date of receipt of all requested verifications or reported change...

See 130 CMR 502.006(A)(2)(d).

Pursuant to this authority, MassHealth appropriately reapproved Appellant for Standard with an effective start date of 3/25/25, which is 10 days prior to 4/4/25 – the date MassHealth received Appellant's outstanding job update form.

In addition, when a party timely appeals a MassHealth action, the hearing officer, in accordance with MassHealth Fair Hearing Rules at 130 CMR 610.00 *et. seq.* may consider evidence of eligibility as follows:

The hearing officer will 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 will be the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.***

See 130 CMR 610.071(A)(2) (emphasis added).

The evidence shows that, despite having failed to submit verifications by the required deadline, Appellant continued to meet all categorical and financial eligibility requirements to remain eligible for Standard. See 130 CMR 505.008(A). Appellant testified, under oath, that for all relevant times – including the gap in coverage between 1/15/25 – 3/24/25, she has been unemployed with \$0 income. As this places Appellant below 133% of the federal poverty level (FPL), Appellant demonstrated she was eligible for benefits when her benefit ended on 1/14/25. Therefore, in accordance with 130 CMR 610.071(A)(2), above, Appellant has demonstrated that her Standard coverage may be retroactively adjusted from 3/25/25 to 1/15/25.

Based on the foregoing, the appeal is APPROVED.

Order for MassHealth

With respect to the 4/4/25 approval notice under appeal, adjust the retroactive coverage start date to 1/15/25, thereby closing the gap in Appellant's Standard benefit.

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.

Casey Groff
Hearing Officer

Board of Hearings

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