

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2205897
Decision Date:	11/7/2022	Hearing Date:	10/07/2022
Hearing Officer:	Christopher Jones	Record Open to:	11/04/2022

Appearance for Appellant:
Pro se



Appearance for MassHealth:
Brian Hatch – Charlestown 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:	Denied	Issue:	Traditional Eligibility
Decision Date:	11/7/2022	Hearing Date:	10/07/2022
MassHealth's Rep.:	Brian Hatch	Appellant's Rep.:	Pro se
Hearing Location:	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 July 11, 2022, MassHealth denied the appellant's application for MassHealth benefits because the appellant did not verify information MassHealth needed to determine his eligibility. (Exhibit 2; 130 CMR 515.008.) The appellant filed this appeal in a timely manner on August 8, 2022.¹ (Exhibit 3; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant's application because he did not provide needed verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that the appellant was ineligible for benefits for failing to provide needed verifications.

¹ The Board of Hearings dismissed the appeal because it was not filed by the appellant or an authorized representative. On September 1, the appellant submitted signed authorization for the appeal to proceed, and this matter was scheduled. (Exhibit 4.)

Summary of Evidence

The appellant is over the age of 65, and he filed an application for community MassHealth benefits in early 2022. A request for verifications was sent out with a due date of March 14, 2022. On April 14, 2022, MassHealth issued its first denial notice for missing verifications. This denial was not appealed, but the appellant supplied some of the missing information on April 27, and the application was relogged. A new information request was sent out requesting proof of assets and verification as to where the appellant's income was being deposited. MassHealth accepted the submitted proof that the appellant has no assets and that his income is deposited directly into his granddaughter's bank account. She is his rep payee for Social Security benefits of \$1,833 per month. However, in reviewing the submitted bank statement, MassHealth noticed that the appellant also received an annuity payment. They asked for verification of the annuity, and this information was not provided. A final denial notice was sent out on July 11, 2022.

At the hearing, the appellant asked that the record be left open to submit the annuity records. It was noted, however, that the appellant would not be eligible for MassHealth Standard because their monthly income was too high, even from Social Security alone. MassHealth's representative explained that MassHealth Standard for community residents over the age of 65 are generally available for individuals with income below the federal poverty level of \$1,133 per month.

The appellant's representative said that they were in the process of submitting a Frail Elder Waiver, but that the Aging Service Access Point ("ASAP") they were working with told them they needed a completed application with MassHealth before they would perform the waiver evaluation. The appellant understood that, even if MassHealth accepted the verifications submitted during the record open period, the appellant's benefits would not be approved. The record was left open until November 4, 2022 for the appellant to submit verification of their annuity and for MassHealth to review the submission. Nothing was submitted during the record open period.

Findings of Fact

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

1. The appellant is over the age of 65, and they applied for MassHealth community benefits. (Testimony by MassHealth's representative.)
2. MassHealth requested verifications regarding the appellant's income, including verification of an annuity they appeared to receive. (Testimony by MassHealth's representative.)
3. The appellant did not submit these verifications prior to the hearing or during the record open period. (Testimony by the appellant's and MassHealth's representatives; Exhibit 5.)

Analysis and Conclusions of Law

MassHealth members must establish financial eligibility, which includes showing that their financial circumstances are within certain thresholds. (See 130 CMR 520.000.) After an applicant has completed an application, they must cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001(B).) If the requested verifications are received within 30 days, “the application is considered complete” and MassHealth continues to “determine the coverage type ... for which the applicant is eligible.” (130 CMR 516.001(C).) MassHealth may deny an application where the member has failed to provide requested information within 30 days. (130 CMR 516.001(C).) If some, but not all, of the requested information is received within 30 days of the denial, MassHealth deems the date of receipt to be the date of reapplication, and the agency will send out a new verification request. If a MassHealth member fails to cooperate with MassHealth and submit the documentation requested, MassHealth will deny the member’s application. (See 130 CMR 515.008(C).)

The appellant and their representatives have failed to submit all requested information and cooperate with MassHealth during the processing of their application. For the reasons outlined above, this appeal is DENIED.

This denial does not prevent the appellant from continuing to seek eligibility through a Frail Elder Waiver. (See 130 CMR 519.007(B).)

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.

Christopher Jones
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Jennifer Vitt, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129