

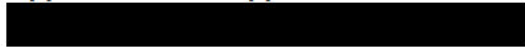
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2302732
Decision Date:	10/13/2023	Hearing Date:	08/21/2023
Hearing Officer:	David Jacobs		

Appearances for Appellant:



Appearances for MassHealth:

Yous Khieu, Chelsea MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Eligibility
Decision Date:	10/13/2023	Hearing Date:	08/21/2023
MassHealth Rep.:	Yous Khieu	Appellant Rep.:	Robert Dundon
Hearing Location:	Board of Hearings (Remote)		

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 December 9, 2022, MassHealth notified the appellant that he is not eligible for MassHealth benefits because he did not provide proof in the time allowed (Exhibit 1). The appellant filed a timely appeal on April 5, 2023 (Exhibit 2). The denial of assistance is a valid ground for appeal (130 CMR 610.032(A)).

Action Taken by MassHealth

MassHealth notified the appellant that he is not eligible for MassHealth benefits because he did not provide proof in the time allowed.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits?

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified in summary as follows: The appellant applied for MassHealth benefits on October 6, 2022. The appellant was sent a request for documents on December 9, 2022. The appellant did not respond to this request and MassHealth issued a final denial on August 15, 2023. The MassHealth representative stated that they still need documents from accounts belonging to the appellant from a private pension, bank statements and withdrawal information from a savings account, verification of a \$50,000 withdrawal from a checking account, and letter from a life insurance provider (Exhibit 5, pg. 4).

The appellant representative appeared at the hearing by telephone. He conceded that he needs to submit the requested documents to MassHealth and asked for additional time to submit them. He testified that he is the process of getting power of the attorney and conservator status for the appellant's daughter which is necessary to obtain the requested documents. The hearing officer granted his request and held the record open until September 5, 2023 to submit the requested documents (Exhibits 6 and 7, pg. 8). On September 1, 2023, the appellant submitted some of the requested documents (Exhibit 8). On September 5, 2023, requested the record to be extended to the end of the week to obtain the rest of the requested documents (Exhibit 7, pg. 7). The hearing officer granted this request and the record open period was extended to September 8, 2023 (Exhibit 7, pg. 7). Later on September 5, 2023, the MassHealth representative responded that the submitted documents were insufficient for MassHealth's purposes (Exhibit 7, pgs. 6-7). He explained that there was no pension stub showing the gross amount, the life insurance policy documents did not include a cash surrender value, the bank statements were insufficient, and there was no cure for the \$50,000 withdrawal (Exhibit 7, pgs. 6-7). The appellant representative did not dispute these deficiencies. On September 11, 2023, the appellant representative sent an additional email stating, in summary, that he required an additional six weeks in order to get a conservatorship for the appellant's daughter to complete the document request (Exhibit 7, pg. 5). Due to the fact that the initial request came on December 9, 2022, the hearing officer was unwilling to give an additional six weeks for the appellant to submit documents (Exhibit 7, pg. 4). He gave an additional four week and noted that no more time would be given under any circumstances due to the nine-month period the appellant had already had to submit documents (Exhibit 7, pgs. 3-4). The appellant represented agreed to this extension and the record open was extended again to October 9, 2023 (Exhibit 7, pgs. 3-4). On October 11, 2023, the hearing officer asked MassHealth if the requested documents had been submitted (Exhibit 7, pg. 1). The MassHealth representative responded that they had not (Exhibit 7, pg. 1).

Findings of Fact

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

1. On October 6, 2022 the appellant applied for MassHealth benefits.
2. On August 15, 2023 the appellant was denied because he did not supply MassHealth

with the necessary verification documents.

3. MassHealth required that the appellant submit documents from accounts belonging to her from a private pension, bank statements and withdrawal information from a savings account, verification of a \$50,000 withdrawal from a checking account, and a letter from a life insurance provider.
4. The record was left open until September 5, 2023 for the appellant representative to submit the requested documents.
5. On September 1, 2023 the appellant representative submitted some of the requested documents.
6. The submitted documents did not satisfy the request.
7. The record open period was extended to September 8, 2023 for the appellant representative to cure MassHealth's issues with the submitted documents and submit missing ones.
8. The record open period was extended again to October 9, 2023 for the appellant to submit the requested documents.
9. On October 11, 2023, MassHealth had still not received the requested documents.

Analysis and Conclusions of Law

At issue in this case is MassHealth's determination that the appellant is not eligible for coverage because he has not provided the necessary verification documents (Exhibit 1). The appellant has disputed this determination by requesting a hearing.

Per 130 CMR 501.010(A), an applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility. 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 60 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.

Here, MassHealth requested the appellant submit documents from accounts belonging to her from a private pension, bank statements and withdrawal information from a savings account, verification of a \$50,000 withdrawal from a checking account, and a letter from a life insurance provider. However, despite a lengthy opportunity to submit this documentation before and after hearing, the appellant has not done so. Therefore, the appellant has not demonstrated that he is currently eligible for any MassHealth coverage type. The appellant has not

demonstrated that MassHealth's determination was made in error.

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.

David Jacobs
Hearing Officer
Board of Hearings

cc: Chelsea MEC

