

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2308082
<b>Decision Date:</b>	11/15/2023	<b>Hearing Date:</b>	09/25/2023
<b>Hearing Officer:</b>	Patrick Grogan	<b>Record Open to:</b>	10/27/23

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Elizabeth Nickoson, Taunton

**Interpreter:**  
N/A



*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>	Eligibility, Under 65, Submission of Proof
<b>Decision Date:</b>	11/15/2023	<b>Hearing Date:</b>	09/25/2023
<b>MassHealth's Rep.:</b>	Elizabeth Nickoson	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (Tel)	<b>Aid Pending:</b>	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 27, 2023, MassHealth denied the Appellant's application for MassHealth benefits because MassHealth determined that the person did not provide proof within in the time allowed. (see 130 CMR 502.003(D) and Exhibit 1). The Appellant filed this appeal in a timely manner on September 8, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the Appellant's application for MassHealth benefits because MassHealth determined that the person did not provide proof within in the time allowed. (see 130 CMR 502.003(D) and Exhibit 1).

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.003(D), in determining that the Appellant did not provide proof within in the time allowed. (see 130 CMR 502.003(D) and Exhibit 1).

### Summary of Evidence

The Appellant is an individual under the age of 65 who applied for MassHealth benefits. (Testimony, Exhibit 1, Exhibit 2). MassHealth sent out a request for proof of income on April 21 2023 due on July 20, 2023. (Testimony) No proof of income was received, and a denial notice, dated July 27, 2023, was sent out because MassHealth determined that the Appellant did not provide proof within in the time allowed. (Testimony, Exhibit 1). The instant appeal followed.

The Appellant stated that he is unemployed since last April and was collecting unemployment in the amount of approximately \$400/week. (Testimony) The Appellant stated that it was difficult to provide documented proof because the unemployment benefit process was on-line. (Testimony). MassHealth responded that a screenshot, or a self-attested letter would suffice for proof for MassHealth to process the Appellant's application for MassHealth benefits. (Testimony) MassHealth attempted to accept the verbal attestation of the Appellant at hearing, however, documented proof was still required for the Appellant to be approved for MassHealth benefits. (Testimony)

The Record was left open until October 13, 2023 for the Appellant to provide verification of income in the form of a screenshot of unemployment or attestation, and the Record was further left open until October 27, 2023 for MassHealth to review any submission by the Appellant. (Exhibit 4) On November 2, 2023, MassHealth responded that nothing had been received on behalf of the Appellant and that no income verification had been received for him. (Exhibit 5)

## **Findings of Fact**

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

1. The Appellant is an individual under the age of 65 who applied for MassHealth benefits. (Testimony, Exhibit 1, Exhibit 2).
2. MassHealth sent out a request for proof on income on April 21, 2023 due in July 20, 2023. (Testimony)
3. No proof of income was received, and a denial notice, dated July 27, 2023, was sent out because MassHealth determined that the Appellant did not provide proof within in the time allowed. (Testimony, Exhibit 1).
4. The Record was left open until October 13, 2023 for the Appellant to provide verification of income in the form of a screenshot of unemployment or attestation, and the Record was further left open until October 27, 2023 for MassHealth to review any submission by the Appellant.
5. On November 2, 2023, MassHealth responded that nothing had been received on behalf of

the Appellant and that no income had been received for him. (Exhibit 5)

## Analysis and Conclusions of Law

Despite multiple opportunities provided to the Appellant, the Appellant has not provided the necessary information to MassHealth to make a determination regarding his eligibility. The eligibility determination Regulation governing the Appellant's case was cited in the Denial Notice sent to the Appellant. Specifically, 130 CMR 502.003 states:

### 502.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements*, 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*, and 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

Regarding the time standards for verification of eligibility factors, including income, 130 CMR 502.003 (D) is controlling:

(D) Time Standards. 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.

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228. See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998). Here, MassHealth required verification of income and sent out a request for that information on April 21, 2023, due July 20, 2023. (See 130 CMR 502.003, 130 CMR 502.003(D), Testimony) On July 27, 2023, MassHealth sent out a denial notice to the Appellant informing him that MassHealth was unable to determine eligibility for MassHealth benefits. (See 130 CMR 502.003(D)) The Record was left open to provide the Appellant another opportunity to provide MassHealth with the information required to determine his eligibility. (Exhibit 4) However, the Appellant still had not provided the information MassHealth required to determine his eligibility at the expiration of the Record Open period. (Exhibit 5). Therefore, the Appellant has not met his burden to show the invalidity of MassHealth's determination, and the 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.

## **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.

---

Patrick Grogan  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616