

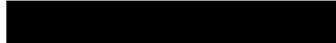
# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2308198
<b>Decision Date:</b>	11/30/2023	<b>Hearing Dates:</b>	10/23/2023 and 11/27/2023
<b>Hearing Officer:</b>	Rebecca Brochstein		

Appearances for Appellant:



Appearances for MassHealth:

Anna Martinez, Tewksbury 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

<b>Appeal Decision:</b>	Dismissed	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	11/30/2023	<b>Hearing Dates:</b>	10/23/2023 and 11/27/2023
<b>MassHealth Rep.:</b>	Anna Martinez	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center (Telephonic)	<b>Aid Pending:</b>	No

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through a notice dated September 15, 2023, MassHealth informed the appellant that she was not eligible for MassHealth benefits because she did not provide the information needed to determine her eligibility (Exhibit 1). The appellant filed a timely appeal (Exhibit 2). A fair hearing was held on October 23, 2023, and the matter was reconvened on November 27, 2023 (Exhibits 4 and 6). Denial of benefits is a valid basis for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined the appellant was not eligible for coverage because she had not provided the information needed to determine her eligibility.

### Issue

The appeal issue is whether MassHealth's determination was correct.

## Summary of Evidence

An eligibility worker from the Tewksbury MassHealth Enrollment Center appeared at the hearing telephonically and offered the following information through testimony and documentary evidence:<sup>1</sup> The appellant, who is disabled, was previously eligible for MassHealth Standard. Her benefits were protected for the duration of the federal public health emergency related to the Covid-19 pandemic, during which time she turned █.<sup>2</sup> On May 22, 2023, after the public health emergency had lifted, the appellant applied to have her MassHealth eligibility redetermined. On June 12, 2023, MassHealth sent a request for information seeking verification of her assets, which was due back by September 10, 2023. On September 15, 2023, MassHealth notified the appellant that she was not eligible for benefits because she had not provided all the requested information needed to determine her eligibility. The appellant filed a timely appeal of the denial notice.

The appellant thereafter submitted the missing documentation, and on October 6, 2023, MassHealth approved her for MassHealth CommonHealth benefits effective September 19, 2023. The MassHealth representative testified that the appellant has gross income from Social Security benefits in the amount of \$1,671.90 and from a private pension in the amount of \$1,498.95 per month. Her total income exceeds the limit for MassHealth Standard (100% of the federal poverty level, or \$1,215 for a household of one), but the MassHealth caseworker stated that the appellant was found eligible for CommonHealth because of information in the system that she was working at least ten hours per week.

The appellant appeared at the hearing telephonically and testified on her own behalf. She stated that she had been unable to respond to MassHealth's information request during the required time frame because she is in declining health, was homeless, and had lost access to the documentation she needed following her divorce. She denied that she has been working, stating that her progressive health condition prevents her from engaging in any sort of employment. The appellant stated that she needs help performing her activities of daily living and is unable to meet her basic expenses with her current income. She expressed concern that she will lose access to the health plan she has been on with MassHealth Standard. She argued that MassHealth should not be reducing her benefits at a time when she most needs the help.

In response to the appellant's testimony, the MassHealth representative stated that the appellant will not be eligible for MassHealth CommonHealth if she is not working the requisite 10 hours per week. She indicated that she would update the system to reflect that the appellant is not currently employed. On October 23, 2023, the date of the first hearing,

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<sup>1</sup> The first hearing was held on October 23, 2023. At the close of that hearing, the hearing officer informed the parties that the matter would be reconvened on a later date because there had been insufficient time to clarify the current status of the case. The hearing was reconvened on November 27, 2023.

<sup>2</sup> The eligibility criteria for individuals over the age of 65 differ from the rules for those under 65.

MassHealth sent the appellant a notice that her CommonHealth benefits would terminate as of January 31, 2024. See Exhibit 5.<sup>3</sup> The MassHealth representative stated at the second hearing that MassHealth sent the appellant two subsequent denial notices, dated October 25 and November 22, 2023, stating that she is not eligible for benefits because of her income.

### **Findings of Fact**

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

1. The appellant is over the age of 65 and has a household of one.
2. The appellant was approved for MassHealth Standard when she was under the age of 65.
3. The appellant's MassHealth benefits were protected for the duration of the federal public health emergency related to the Covid-19 pandemic. She turned [REDACTED] during this period.
4. On May 22, 2023, after the public health emergency was lifted, the appellant applied to have her MassHealth eligibility redetermined.
5. On June 12, 2023, MassHealth sent a request for information seeking verification of her assets. The information was due back to MassHealth by September 10, 2023.
6. The appellant did not provide the necessary documentation within the required time frame.
7. On September 15, 2023, MassHealth notified the appellant that she was not eligible for benefits because she had not provided all the requested information needed to determine her eligibility.
8. The appellant filed a timely appeal of the denial notice.
9. The appellant thereafter submitted the missing documentation. She verified gross income from Social Security in the amount of \$1,671.90 and from a private pension in the amount of \$1,498.95 per month.
10. On October 6, 2023, MassHealth approved her for MassHealth CommonHealth benefits effective September 19, 2023. The approval was based on information that she was working at least ten hours per week.

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<sup>3</sup> Pursuant to 130 CMR 505.004(N) *Extended CommonHealth Coverage*, MassHealth CommonHealth members (described in 130 CMR 505.004(B)) who terminate their employment continue to be eligible for MassHealth CommonHealth for up to three calendar months after termination of employment provided they continue to make timely payments of monthly premiums. Under 130 CMR 519.012(A)(2), this provision also applies to members who are age 65 and older.

11. The appellant reported at hearing that she is not working due to her medical condition.

12. On October 23, 2023, MassHealth notified the appellant that her CommonHealth benefits would end as of January 31, 2024.

### **Analysis and Conclusions of Law**

Under 130 CMR 515.008(A), an applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility. After receiving an application, MassHealth requests all corroborative information necessary to determine eligibility and advises the applicant of the consequences of failure to provide the information. If it is not received within the required time frame, MassHealth benefits may be denied. 130 CMR 516.001(C).

At issue in this case is MassHealth's denial of the appellant's application for failure to provide all the requested information in the required time frame. There is no dispute that the appellant did not do so, and MassHealth's denial was proper on that basis. However, the appellant subsequently provided the requested information, enabling MassHealth to redetermine her eligibility. As the limited issue on appeal – MassHealth's denial of the appellant's application for failure to provide requested information – has been resolved, this appeal is dismissed.<sup>4</sup>

### **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.

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Rebecca Brochstein  
Hearing Officer  
Board of Hearings

cc: Tewksbury MEC

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<sup>4</sup> MassHealth's subsequent eligibility determinations are outside the scope of this appeal but are described in this decision to provide additional context on the status of the appellant's MassHealth case.