


# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2310869
<b>Decision Date:</b>	12/20/2023	<b>Hearing Date:</b>	12/04/2023
<b>Hearing Officer:</b>	Emily T. Sabo	<b>Record Open to:</b>	12/18/2023

**Appearance for Appellant:**

Spouse, 

**Appearance for MassHealth:**

Iria Saracevic, Charlestown MEC

**Interpreter:**



*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; Over 65; Failure to Submit Verifications
<b>Decision Date:</b>	12/20/2023	<b>Hearing Date:</b>	12/04/2023
<b>MassHealth's Rep.:</b>	Iria Saracevic	<b>Appellant's Rep.:</b>	Spouse
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center (Telephone)	<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 October 2, 2023, MassHealth denied the Appellant's application for MassHealth benefits because the Appellant did not submit the information MassHealth needed to determine whether the Appellant was eligible for MassHealth benefits (see 130 CMR 515.008 and Exhibit 1). The Appellant filed this appeal in a timely manner on November 1, 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.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that the Appellant failed to provide the requested information necessary for

MassHealth to determine whether the Appellant is eligible for MassHealth benefits.

## **Summary of Evidence**

The MassHealth representative appeared at the hearing telephonically and testified that the Appellant is an individual over the age of 65. The MassHealth representative testified that MassHealth denied the Appellant's application because the Appellant failed to submit the requested information within the required timeframe. The MassHealth representative testified that the Appellant had three months to submit the information. The MassHealth representative testified that the only outstanding verification was regarding a [REDACTED] bank account.

The Appellant's representative appeared at the hearing telephonically and testified through an interpreter. The Appellant's representative verified the Appellant's identity. The Appellant's representative testified that she had mailed in all the requested information within the past ten days. The record was held open for two weeks, until December 18, 2023, to allow time for MassHealth to receive and review the Appellant's submission. At the conclusion of the record open period, the MassHealth representative stated that MassHealth had not received the outstanding verification from the Appellant.

## **Findings of Fact**

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

1. The Appellant is an individual over the age of 65 (Testimony).
2. On October 2, 2023, MassHealth notified the Appellant that he had not provided MassHealth with the information necessary to determine whether he was eligible for MassHealth benefits (Testimony, Exhibit 1).
3. The Appellant did not provide MassHealth with verification regarding a [REDACTED] bank account (Testimony, Exhibit 1).
4. On November 1, 2023, the Appellant timely filed an appeal with the Board of Hearings (Exhibit 2).
5. At the hearing, the record was held open until December 18, 2023 (Testimony).
6. As of December 18, 2023, MassHealth has not received the Appellant's outstanding verification (Exhibit 4).

## **Analysis and Conclusions of Law**

The MassHealth regulations 130 CMR 519.005 provide:

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

- (1) the countable-income amount, as defined in 130 CMR 520.009: Countable-income Amount, of the individual or couple is less than or equal to 100% of the federal poverty level; and
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

130 CMR 519.005(A).

The MassHealth regulations at 130 CMR 515.008 outline the responsibilities of applicants and members:

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability.

130 CMR 515.008(A), (B).

Regarding the application for benefits, 130 CMR 516.001 provides:

(B) Corroborative Information. The MassHealth agency requests all corroborative information necessary to determine eligibility.

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the application.
- (2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

(C) Receipt of Corroborative Information. If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the

coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

130 CMR 516.001(B), (C).

As relevant here, 130 CMR 516.003(D) provides:

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 30 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 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.

(3) A new application is required if a reapplication is not received within 30 days of the date of denial.

130 CMR 516.003(D).

As quoted above, the regulations allow MassHealth to send the applicant a written request for all corroborative information necessary to determine eligibility. 130 CMR 516.001(B). The timeframe to return the requested verifications is thirty days from the date of the request. *Id.* If the information is not received within thirty days, MassHealth benefits may be denied. 130 CMR 516.001(C). The Appellant has failed to submit the requested verification regarding the JP Morgan Chase bank account.<sup>1</sup> Therefore, MassHealth did not err in denying the Appellant MassHealth benefits, and this appeal is denied.<sup>2</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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<sup>1</sup> The Appellant is still encouraged to contact MassHealth and submit the outstanding verification, to allow MassHealth to determine if he may be eligible for benefits.

<sup>2</sup> The Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100.

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Emily T. Sabo, Esq.  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

Appellant Representative: Jacqueline Charles Gregoire, 1849 Hyde Park Avenue, #1, Boston, MA 02136