# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:** 



Appeal Decision:	Denied	Appeal Number:	2312975
Decision Date:	2/29/2024	Hearing Date:	1/10/2024
Hearing Officer:	Cynthia Kopka	Record Open to:	2/23/2024
N.			

Appearance for Appellant: Pro se Appearance for MassHealth: Michelle Trainor, Tewksbury



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:	Over 65, eligibility, income, assets
Decision Date:	2/29/2024	Hearing Date:	1/10/2024
MassHealth's Rep.:	Michelle Trainor	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury (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

By notice dated October 11, 2023, MassHealth notified Appellant that his family is not eligible for MassHealth for failure to provide information, and that his Health Safety Net would terminate on November 10, 2023 for failure to provide information. Exhibit 1. Appellant filed this appeal in a timely manner on December 11, 2023. Exhibit 2. 130 CMR 610.015(B). Denial or termination of assistance is a valid basis for appeal. 130 CMR 610.032.

#### **Action Taken by MassHealth**

MassHealth notified Appellant that his family is not eligible for MassHealth for failure to provide information, and that his Health Safety Net would terminate on November 10, 2023 for failure to provide information.

#### Issue

The appeal issue is whether MassHealth was correct in determining that Appellant failed to provide all information to determine eligibility.

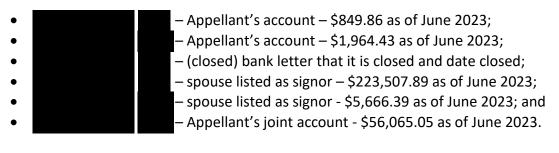
#### **Summary of Evidence**

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The MassHealth representative appeared by phone and testified as follows. Appellant previously had MassHealth Standard which ended on June 19, 2023. MassHealth received Appellant's senior application on June 15, 2023. On July 7, 2023, MassHealth sent Appellant a request for information (RFI), requesting proof of citizenship, verification of three checking accounts, and the cash surrender value of a life insurance policy. In November and December 2023, MassHealth received information from Appellant but it was insufficient to verify eligibility. The life insurance document did not list a cash surrender value and a letter from verifying bank accounts did not list current balances. On October 11, 2023, MassHealth denied the application for failure to provide the required documents.

Additionally, an asset verification system check revealed that Appellant's spouse is listed as an owner and/or account signor on other bank accounts not listed on the application. The asset verification system check revealed that some of the accounts had balances that exceeded MassHealth's limit.

MassHealth provided details about all of the accounts and their balances listed on the application and/or revealed with the system check:



Appellant appeared by phone and testified as follows. Appellant agreed that he submitted information late because he had problems getting information. He submitted what he believed was correct. The accounts not listed belong to his daughter, on which she put Appellant and his spouse's name as a secondary. Appellant's daughter has removed their names from the account. Appellant visited MassHealth's Tewksbury office twice. The first time, Appellant was told everything was fine. The second time, after Appellant received another letter, he submitted everything he was told to submit. Appellant also changed ownership of his life insurance policy to his daughter's name and is waiting for confirmation. Regarding the checking accounts, one has been closed and one belongs to other adult children.

The MassHealth representative testified that if Appellant and/or his spouse are removed from their adult children's accounts, MassHealth will need a detailed letter from with the account number and the date of the removal. The MassHealth representative testified that for Appellant and his spouse to be eligible for MassHealth Standard, their assets would have to be under \$3,000. Alternatively, if Appellant is not eligible for MassHealth Standard, he could be

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eligible for a Medicare Savings Program (MSP) if their assets are under \$28,260.<sup>1</sup> In order for Appellant to be considered eligible for retroactive coverage prior to June 2023, Appellant would have to show how the assets were reduced.

Regarding income, Appellant receives social security but has not worked in three or four years. Appellant's spouse received unemployment for a few weeks but then it was stopped. The MassHealth representative requested proof that the spouse is no longer collecting unemployment.

The hearing record was held open through February 9, 2024 to allow Appellant to submit the information requested and through February 23, 2024 for MassHealth to review and respond. Exhibit 4. On February 20, 2024, MassHealth reported that documents were not received. Exhibit 6. MassHealth also reported that based on the gross monthly household income of \$4,271 (\$1,537.70 from Social Security and \$2,734.12 from unemployment), the household income is 259.8% of the federal poverty level (FPL). Appellant is eligible for full Health Safety Net. *Id.* MassHealth requires verification of the banking account to which the income is deposited and issued a new RFI for this record on February 2, 2024. Exhibit 7.

# **Findings of Fact**

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

- 1. Appellant is over the age of 65 and in a household of two.
- 2. On June 19, 2023, Appellant's MassHealth Standard benefit terminated.
- 3. On June 15, 2023, Appellant submitted a senior application.
- 4. On July 7, 2023, MassHealth sent Appellant an RFI. Exhibit 2.
- 5. On October 11, 2023, MassHealth notified Appellant that his family is not eligible for MassHealth for failure to provide information, and that his Health Safety Net would terminate on November 10, 2023 for failure to provide information. Exhibit 1.
- 6. Appellant filed this appeal in a timely manner on December 11, 2023. Exhibit 2.
- 7. As of February 20, 2024, Appellant had not submitted a complete response to MassHealth's RFI. Exhibit 6.
- 8. On February 20, 2024, MassHealth reported that based on the gross monthly household

<sup>&</sup>lt;sup>1</sup> Post-hearing correspondence clarified that beginning March 1, 2024, MSP would not have an asset limit, and Appellant could apply for an MSP with a separate application. Exhibit 5.

income of \$4,271 (\$1,537.70 from Social Security and \$2,734.12 from unemployment), Appellant is eligible for full Health Safety Net. Exhibit 6.

- 9. In 2023, 100% of the FPL for a household of two is \$1,644 monthly and \$19,728 yearly.
- 10. On February 2, 2024, MassHealth issued a new RFI to obtain information from the bank account in which Appellant's income is deposited. Exhibit 7.

# Analysis and Conclusions of Law

An individual applying for MassHealth benefits must submit a complete application and all required supplements. 130 CMR 516.001(A)(1). Pursuant to 130 CMR 515.008(A), an "applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility." After receiving an application for MassHealth benefits, MassHealth proceeds as follows:

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 the 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.

130 CMR 516.001(B). "If the requested information...is received [by MassHealth] within 30 days of the date of the request, the [application] is considered complete...If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied" 130 CMR 516.001(C).

The regulations at 130 CMR 515.000 through 522.000 provide the requirements for MassHealth eligibility for persons over age 65. The type of coverage for which a person is eligible is based on the person's and the spouse's income, assets, and immigration status. 130 CMR 515.003(B).

Here, MassHealth received Appellant's senior application but required corroborative information in order to determine eligibility. Appellant acknowledged that it had taken time to get the information and argued having submitted some evidence in person at the MassHealth enrollment office. However, as of the date of decision, more than six months after the RFI issued, Appellant had not submitted the necessary information. Finally, Appellant had not submitted the necessary evidence to show that the accounts provided in the data match were not countable or were below the asset limits to otherwise establish eligibility for MassHealth. Accordingly, 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.

Cynthia Kopka Hearing Officer Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290