

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400081
Decision Date:	2/9/2024	Hearing Date:	01/24/2024
Hearing Officer:	Christopher Jones	Record Open to:	02/07/2014

Appearances for Appellant:



Appearance for MassHealth:

Sophia Beauport-Lafontant



*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; Community; Verification; Assets
Decision Date:	2/9/2024	Hearing Date:	01/24/2024
MassHealth's Rep.:	Sophia Beauport-Lafontant	Appellant's Reps.:	Pro se; Daughter
Hearing Location:	Telephonic	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

Through a notice dated December 4, 2023, MassHealth denied the appellant's application for MassHealth benefits because the appellant failed to provide requested verifications. (Exhibit 1; 130 CMR 515.008.) The appellant filed this appeal in a timely manner on January 2, 2024. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

At the hearing, the record was left open for the appellant's representative to submit a current cash-valuation of the appellant's life insurance policy. The record was left open until February 7, 2024, for the appellant to submit this verification. MassHealth would have until February 14 to review the submission.

Action Taken by MassHealth

MassHealth denied the application because information required to establish the appellant's eligibility for benefits was not provided.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.001, in determining that the appellant has failed to supply information required to determine the appellant's eligibility for benefits and otherwise cooperate with the application process.

Summary of Evidence

MassHealth's representative testified that the appellant completed a renewal application in August 2023. The appellant is over the age of 65 and living in the community. At the time, the appellant was asked to submit proof of his assets, including the present, cash-surrender valuation of his whole-life insurance policy. This was not submitted, and MassHealth denied the appellant's application and terminated his Health Safety Net coverage, effective January 3, 2024.

Prior to the hearing, the appellant submitted a copy of the original life insurance policy contract from when it was funded in 1999. At the hearing, the appellant understood that he needed to submit the cash-surrender value of the contract. The record was left open until February 7, 2024 for the appellant to submit the current value of his policy. Nothing had been submitted by the appellant's deadline.

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, residing in the community. (Testimony by MassHealth's representative.)
- 2) The appellant has a whole-life insurance policy that was started in 1999. (Exhibit 3.)
- 3) MassHealth terminated the appellant's Health Safety Net coverage because he failed to verify the current, cash-surrender value of his life insurance policy. (Exhibit 1; testimony by MassHealth's representative.)

Analysis and Conclusions of Law

MassHealth members must establish financial eligibility, which includes showing that their assets are below a threshold and that they reduced their assets in accordance with state and federal law. (See 130 CMR 520.000.) To qualify for MassHealth benefits, an applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001(B).) If the requested verifications are received within 30 days, "the application is considered complete" and MassHealth continues to "determine the coverage type ... for which the applicant is eligible." (130 CMR 516.001(C).) MassHealth may deny an application

where the member has failed to provide requested information within 30 days. (130 CMR 516.001(C).) If some, but not all, of the requested information is received within 30 days of the denial, MassHealth deems the date of receipt to be the date of reapplication, and the agency will send out a new verification request. If a MassHealth member fails to cooperate with MassHealth and submit the documentation requested, MassHealth will deny the member's application. (See 130 CMR 515.008(C).)

The appellant failed to submit the present valuation of his life insurance policy, despite being given additional time to do so following the appeal hearing. MassHealth cannot determine the appellant's eligibility for benefits without this information. Therefore, 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.

Christopher Jones
Hearing Officer
Board of Hearings

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

Appellant's Representative: [REDACTED]