

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**

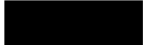


<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2404809
<b>Decision Date:</b>	6/12/2024	<b>Hearing Date:</b>	04/18/2024
<b>Hearing Officer:</b>	Thomas Doyle		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Gina Ciaramella-Burbank

**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>	Verification of Eligibility Factors; Over 65
<b>Decision Date:</b>	6/12/2024	<b>Hearing Date:</b>	04/18/2024
<b>MassHealth's Rep.:</b>	Gina Ciaramella-Burbank	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<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 March 11, 2024, MassHealth notified appellant that she is not eligible for MassHealth benefits because she did not submit the information it needs to decide her eligibility within the required time frame (Ex. 1). Appellant appealed in a timely manner on March 22, 2024. (Ex. 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified appellant that she did not qualify for benefits because she did not submit the information it needs to decide her eligibility within the required time frame.

### Issue

The issue is whether MassHealth was correct in denying appellant's application for MassHealth benefits.

### Summary of Evidence

The MassHealth worker (worker), appellant and the interpreter appeared at hearing via phone and were sworn. The worker testified appellant, who is over age 65, submitted an application to MassHealth, which was processed on November 27, 2023. A request for information was sent to appellant on December 6, 2023 seeking a statement on a checking account ending in [REDACTED] proof of face value and current cash surrender value of a life insurance policy; and a copy of the registration or excise tax bill the current year for a 2012 Honda Civic. Appellant had a deadline of March 5, 2024 to return her verifications. Nothing was received, so MassHealth issued a denial notice.

Appellant testified through the interpreter that she had problems with her arm and things have happened with her mother. Regarding the life insurance policy, she said she has a person that will give her the information to send to MassHealth. She stated she has the other information on the car and bank account handy and will get it to MassHealth.

At the close of the hearing, the record was left open until May 3, 2024 for appellant to submit the missing verifications. (Ex. 5). Nothing was received by MassHealth or the hearing officer (Ex. 6).

## **Findings of Fact**

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

1. Appellant, who is over age 65, submitted an application to MassHealth, which was processed on November 27, 2023. (Testimony).
2. A request for information was sent to appellant on December 6, 2023 seeking a statement for a checking account ending in [REDACTED] proof of face value and current cash surrender value of a life insurance policy; and a copy of the registration or excise tax bill for the current year for a 2012 Honda Civic. (Testimony).
3. Appellant had a deadline of March 5, 2024 to return her verifications. (Testimony).
4. MassHealth did not receive any of the requested verifications, and a denial notice was issued on March 11, 2024 (Ex. 1).
5. Appellant filed a timely appeal, and an appeal hearing was held (Ex. 2).
6. At the conclusion of the hearing, the record was left open for appellant to submit the requested verifications. (Ex. 5).
7. At the close of the record, neither this hearing officer nor the MassHealth representative received any documentation from appellant. (Ex. 6).

## Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

### 515.008: 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.

Once an application for MassHealth benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (130 CMR 516.001). 130 CMR 516.001(B) provides the following with respect to corroborative information:

- (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.

130 CMR 516.001(C) sets forth the process regarding the receipt of corroborative information, and provides as follows:

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.

In this case, despite being given additional time following the appeal hearing to submit the outstanding documentation, appellant did not submit the requested documents to MassHealth or the hearing officer in a timely manner. Further, the appellant did not request additional time to submit the missing documentation. 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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780