

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2407419
<b>Decision Date:</b>	6/27/2024	<b>Hearing Date:</b>	06/11/2024
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.	<b>Record Open to:</b>	06/25/2024

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sophia Beauport-LaFontant, Charlestown  
MassHealth Enrollment Center



*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>	Over 65; Verifications
<b>Decision Date:</b>	6/27/2024	<b>Hearing Date:</b>	06/11/2024
<b>MassHealth's Rep.:</b>	Sophia Beauport-LaFontant, Charlestown	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center - Room 1	<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 April 26, 2024, MassHealth terminated the appellant's MassHealth benefits because MassHealth determined that the verification process had not yet been completed (see 130 CMR 515.008 and Exhibit 1). The appellant filed this appeal in a timely manner on May 8, 2024 (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 terminated the appellant's MassHealth Standard benefits.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.001, in terminating the appellant's MassHealth benefits due to a failure to comply with its verification request.

## Summary of Evidence

The appellant is an adult over the age of ■ who resides in a household of one. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the testimony and evidence provided at the hearing.

A representative from MassHealth testified that the appellant received an April 26, 2024 termination of benefits notice because the verification process had not yet been completed. The MassHealth representative testified that the annual renewal process began for the appellant in late 2023, and on January 19, 2024, the appellant was sent a request for additional verifications regarding his checking account. The checking account bank statement is the only outstanding verification that the appellant needs to provide to MassHealth. On April 17, 2024, the appellant submitted a checking account bank statement. The MassHealth representative testified that this statement was outdated, and that the appellant needs to submit a current checking account bank statement with an end date of May or June 2024 to have his MassHealth benefits restored to the date of termination.

The appellant testified that he is a low-income, disabled veteran, that he needed to keep his MassHealth benefits, and that it was difficult for him to obtain and submit a current bank statement. When asked by the hearing officer if he would be able to obtain and submit a current checking account bank statement with a date ending in May or June 2024, if he had a little more time to do so, the appellant answered that he would be able to mail or fax a bank statement in the next week.

The record was left open until June 25, 2024, for the appellant to submit the current bank statement to MassHealth, and to allow time for the MassHealth caseworker to process the submission. (Exhibit 5).

On June 25, 2024, and again on June 26, 2024, the MassHealth representative indicated that she had not received the requested checking account bank statement. (Exhibits 6 & 7).

## Findings of Fact

1. The annual renewal process for the appellant's MassHealth Standard benefits began in late

2023 (Testimony).

2. The appellant's MassHealth Standard benefits were terminated by notice dated April 26, 2024 because the verification process had not yet been completed (Exhibit 1).
3. The appellant filed a timely appeal of this notice with the Board of Hearings on May 8, 2024 (Exh. 2).
4. As of the denial and hearing date, the only outstanding requested verification was a current checking account bank statement (Exhibit 1).
5. The record was left open until June 25, 2024 for the submission of the requested verifications and MassHealth's response to these documents (Exhibit 5).
6. On June 26, 2024, the MassHealth representative indicated that she had not received the requested document (Exhibit 6).

## **Analysis and Conclusions of Law**

An applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of the MassHealth program including recovery (130 CMR 515.008(A)). If the requested information is not received, MassHealth benefits may be denied (130 CMR 516.001).

In the instant appeal, the appellant's MassHealth benefits were terminated due to his failure to provide documents necessary to determine his eligibility. The requested verifications were not submitted during the record-open period. Therefore, this hearing officer has no choice but to conclude that MassHealth did not err in issuing the April 26, 2024, termination notice, and the 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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Amy B. Kullar, Esquire  
Hearing Officer  
Board of Hearings

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