

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved; Remand	<b>Appeal Number:</b>	2408624
<b>Decision Date:</b>	9/13/2024	<b>Hearing Date:</b>	07/03/2024
<b>Hearing Officer:</b>	Emily Sabo	<b>Record Open to:</b>	07/24/2024

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sophia Beauport-Lafontant, Charlestown MEC



*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>	Approved; Remand	<b>Issue:</b>	Community Eligibility—Over 65; Verifications
<b>Decision Date:</b>	9/13/2024	<b>Hearing Date:</b>	07/03/2024
<b>MassHealth's Rep.:</b>	Sophia Beauport-Lafontant	<b>Appellant's Rep.:</b>	Pro se
<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 May 21, 2024, MassHealth terminated the Appellant's MassHealth benefits, effective June 4, 2024, because the Appellant did not provide MassHealth the necessary information to determine his eligibility within the required time frame. 130 CMR 515.008 and Exhibit 1. The Appellant filed this appeal in a timely manner on May 30, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth benefits for failing to provide information regarding a bank account.

### Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant failed to provide information on a bank account ending in [REDACTED].

## Summary of Evidence

The hearing was held telephonically. The MassHealth representative testified that the Appellant is an adult over the age of 65. The MassHealth representative testified that on the Appellant's renewal paperwork he indicated that he had a [REDACTED] account ending in [REDACTED], but that the Appellant had not submitted bank statements regarding an account ending in [REDACTED]. The MassHealth representative testified that the Appellant had submitted statements regarding a [REDACTED] account ending in [REDACTED] on March 9, 2024, and May 2, 2024.

The Appellant verified his identity. The Appellant testified that he only has one [REDACTED] account, which ends in [REDACTED]. He testified that he has a debit card associated with the account which ends in [REDACTED].

## Findings of Fact

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

1. The Appellant is an adult over the age of 65. Testimony; Exhibit 4.
2. The Appellant only has one [REDACTED] account, which ends in [REDACTED]. The debit card associated with the account ends in [REDACTED]. Testimony.
3. The Appellant provided MassHealth with statements regarding his [REDACTED] account which ends in [REDACTED]. Testimony.

## Analysis and Conclusions of Law

The MassHealth regulations provide:

### 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.

130 CMR 515.008(A).

I credit the Appellant's testimony that he only has one [REDACTED] account, which ends in [REDACTED], and that he does not have a separate account that ends in [REDACTED]. Therefore, I find that the Appellant has not failed to provide MassHealth with the information necessary to determine his eligibility. Accordingly, I approve the appeal, and remand the matter to MassHealth, to process the Appellant's renewal and determine his eligibility.

## **Order for MassHealth**

Process the Appellant's renewal and determine whether the Appellant is eligible for MassHealth benefits.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

---

Emily Sabo  
Hearing Officer  
Board of Hearings

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