

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2409614
<b>Decision Date:</b>	09/17/2024	<b>Hearing Date:</b>	07/23/2024
<b>Hearing Officer:</b>	Mariah Burns	<b>Record Open to:</b>	08/09/2024

**Appearance for Appellant:**



**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; Eligibility; Renewal Application
<b>Decision Date:</b>	09/17/2024	<b>Hearing Date:</b>	07/23/2024
<b>MassHealth's Rep.:</b>	Sophia Beauport-Lafontante	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	Yes

### 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 June 7, 2024, MassHealth terminated the appellant's MassHealth Standard benefits because MassHealth determined that the appellant did not provide all necessary information in his renewal application. *See* 130 CMR 515.007 and Exhibit 1. The appellant filed this appeal in a timely manner on June 17, 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 within its discretion to terminate the appellant's benefits for improperly completing his renewal application.

## Summary of Evidence

The appellant is an adult over the age of 65 who, prior to the issuance of the notice at issue, received MassHealth Standard benefits. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. All parties appeared at the hearing by telephone. The following is a summary of the evidence and testimony provided at hearing:

On or around March 3, 2024, MassHealth received a renewal application for senior benefits on behalf of the appellant. However, that application was unsigned and was missing answers to several questions. On March 3, 2024, MassHealth sent a Request for Information indicating that the application was incomplete and required answers to several questions to determine the appellant's eligibility. On June 7, 2024, having not received the appellant's updated information, MassHealth informed the appellant of its intention to terminate his benefits effective June 21, 2024.

At the hearing, MassHealth agreed to send the appellant copies of the incomplete pages of his renewal application, and the appellant agreed to execute those pages and send them back to MassHealth. The record was kept open until August 9, 2024, for the parties to do so. On August 20, 2024, MassHealth reported that it had not received any updated information from the appellant.

## Findings of Fact

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

1. The appellant is an adult MassHealth over the age of 65 who, prior to the issuance of the notice on appeal, was receiving MassHealth Standard benefits. Testimony, Exhibit 4.
2. Prior to March 3, 2024, MassHealth received the appellant's renewal application for benefits. However, the application was unsigned and was missing answers to questions related to the appellant's assets. Exhibit 1, Testimony.
3. On March 3, 2024, MassHealth sent a request for information to the appellant's address requesting that he provide a signature page and answer the incomplete questions. Exhibit 1 at 3-6.
4. On June 7, 2024, MassHealth informed the appellant of its intention to terminate his benefits effective June 21, 2024. Exhibit 1.
5. The appellant filed a timely request for fair hearing on June 17, 2024, and Aid Pending was applied. Exhibit 2.

6. After the hearing, the record was kept open until August 9, 2024, for MassHealth to send a copy of the application pages missing a signature and answers for the appellant to complete and send back to MassHealth. As of August 20, 2024, MassHealth had received no updated information from the appellant. Exhibit 5.

## **Analysis and Conclusions of Law**

MassHealth members undergo a review of their eligibility every twelve months, per the MassHealth regulations. See 130 CMR 516.006(A). The agency first attempts an automatic renewal “based on electronic data matches with federal and state agencies.” *Id.* at 516.007(C)(1). If an automatic renewal is not possible, MassHealth uses the following process:

(2) MassHealth Eligibility Renewal Application. If the individual is residing in the community and his or her continued eligibility cannot be determined based on reliable information contained in his or her account or electronic data match with federal and state agencies, a MassHealth eligibility review form must be completed.

(a) The MassHealth agency will notify the member of the need to complete the MassHealth eligibility review form.

(b) The member will be given 45 days from the date of the request to return the paper MassHealth eligibility review form.

1. If the review is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic data matches if available.

2. If the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.

3. If the requested review form is submitted within 30 days from the date of the termination, a second eligibility determination is made within 15 days. Eligibility may be established retroactive to the date of termination, if otherwise eligible.

(c) If the member's coverage type changes, the start date for the new coverage type is effective as of the date of the written notice.

130 CMR 516.007(C)(2). In determining whether someone has properly completed the eligibility review form, MassHealth abides by the following:

(3) Paper Applications or In-person Applications at the MassHealth Enrollment Center (MEC) — Missing or Inconsistent Information.

(a) If an application is received at a MassHealth Enrollment Center or MassHealth outreach site and the applicant did not answer all required

questions on the Senior Application or if the Senior Application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.

(b) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.

(c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the notice, referenced in 130 CMR 516.001(A)(3)(b), the MassHealth agency will request any corroborative information necessary to determine eligibility, as provided in 130 CMR 516.001(B) and (C).

(d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referenced in 130 CMR 516.001(A)(4)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response is received, provided that if the required response is submitted more than one year after the initial incomplete application, a new application must be completed.

(e) Inconsistent answers are treated as unanswered.

130 CMR 516.001(A)(3).

Before taking an intended appealable action, MassHealth "must send a written timely notice to the member...at least ten days before the action. Such notice must include a statement of the right of appeal and time limit for appealing." 130 CMR 610.015(A). An appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon "evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency's interpretation of its rules, policies and regulations."

In this case, MassHealth reported it received a renewal application from the appellant on March 29, 2024, that was unsigned and was missing answers to questions relating to the appellant's assets. MassHealth then sent copies of the incomplete pages to the appellant during the record open period, and the appellant did not return them. Therefore, the appellant did not demonstrate that he complied with 130 CMR 516.001(A), and MassHealth was within its authority to terminate the appellant's benefits.

For the foregoing reasons, the appeal is hereby DENIED.

## **Order for MassHealth**

None, other than to remove Aid Pending.

## **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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Mariah Burns  
Hearing Officer  
Board of Hearings

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center