

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410927
Decision Date:	10/8/2024	Hearing Date:	08/16/2024
Hearing Officer:	Christopher Jones	Record Open to:	08/30/2024

Appearance for Appellant:



Appearance for MassHealth:

Michelle Benevides – Ongoing



*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:	Waiver; Intellectual Disability Waiver; Asset Verification
Decision Date:	10/8/2024	Hearing Date:	08/16/2024
MassHealth's Rep.:	Michelle Benevides	Appellant's Rep.:	
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 June 10, 2024, MassHealth terminated the appellant's MassHealth Standard coverage because the appellant did not give MassHealth information it needs to determine his eligibility. (Exhibit 1; 130 CMR 515.008.) The appellant filed this appeal in a timely manner on July 11, 2024. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

At the appellant's request, the hearing record was left open until August 30, 2024, to submit asset verifications and for MassHealth to review them.

Action Taken by MassHealth

MassHealth terminated the appellant's Waiver for Persons with an Intellectual Disability coverage because the appellant did not provide MassHealth with requested asset verification.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that the appellant failed to cooperate with MassHealth in verifying eligibility criteria.

Summary of Evidence

The appellant is a young adult who has been covered by MassHealth Standard with Buy-in coverage through the Waiver for Persons with an Intellectual Disability since 2019. He currently resides in a group home. MassHealth auto renewed the appellant in this coverage on January 30, 2024. MassHealth sent out several notices requesting updated financial information regarding two bank accounts the agency had on file for the appellant. When no updated financial information was provided, MassHealth sent out the June 10 termination notice, ending benefits as of June 24, 2024.

The appellant's case manager from the group home appeared on his behalf and explained the appellant's father had been the appellant's representative payee with Social Security. She believed that these two accounts had been closed, but she would need him to get letters from the bank stating that these accounts were closed. She believed she would be able to get the letters in short order and asked that the hearing record be left open to get the verifications.

The hearing record was left open for this evidence to be submitted, but the appellant's representative never responded.

Findings of Fact

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

- 1) The appellant is a young adult who was covered by MassHealth Standard through the Waiver for Persons with an Intellectual Disability. (Exhibit 4; testimony by MassHealth's representative.)
- 2) MassHealth auto renewed the appellant's eligibility in January 2024 and sent out several requests for financial verifications. The appellant never responded, and MassHealth terminated his benefits through a notice dated June 10, 2024. (Exhibit 1; Testimony by MassHealth's representative.)
- 3) The appellant did not submit these verifications at the hearing nor during the record open period. (Testimony by appellant's representative; Exhibit 5.)

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.) MassHealth also reviews member eligibility every year. (130 CMR 516.007(A).) Members must cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001(B).) If a MassHealth member fails to cooperate with

MassHealth and submit the documentation requested, MassHealth may terminate the member's benefits. (See 130 CMR 515.008.)

The appellant failed to submit all requested information and cooperate with MassHealth during MassHealth's annual review of their eligibility factors. The hearing record was left open, and the appellant still did not submit requested verifications. For this reason, 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: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780