

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|----------------|-----------------------|------------|
| Appeal Decision: | DENIED | Appeal Number: | 2410987 |
| Decision Date: | 8/22/2024 | Hearing Date: | 08/15/2024 |
| Hearing Officer: | Sharon Dehmand | | |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Michelle Carvalho, Taunton MEC

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

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|---------------------------|-------------------|--------------------------|-------------------------------------|
| Appeal Decision: | DENIED | Issue: | Community Eligibility – under 65 |
| Decision Date: | 8/22/2024 | Hearing Date: | 08/15/2024 |
| MassHealth's Rep.: | Michelle Carvalho | Appellant's Rep.: | Pro se |
| Hearing Location: | Remote | 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 20, 2024, MassHealth notified the appellant that he was approved for MassHealth Family Assistance starting on December 5, 2023. However, the approval is for a limited time, because the appellant must provide MassHealth with proof of residency. See 130 CMR 503.002 and Exhibit 1. The appellant filed this appeal in a timely manner on July 12, 2024. See 130 CMR 610.015(B) and Exhibit 2. MassHealth agency determinations regarding scope and amount of assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032(A)(5).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Family Assistance starting on December 5, 2023, for a limited time, because the appellant must provide MassHealth with proof of residency.

Issue

Whether MassHealth correctly approved the appellant for MassHealth Family Assistance for a limited time. See 130 CMR 502.003; 130 CMR 503.002.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. The appellant appeared pro se and through an interpreter verified his identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant is a non-citizen who lives in a one-person household. He is a tax-filer and does not have any income. The appellant submitted an initial application for coverage to MassHealth on December 15, 2023, which was approved. On December 20, 2023, the appellant called MassHealth to confirm that he had MassHealth coverage. Through a notice dated June 20, 2024, MassHealth approved the appellant for MassHealth Family Assistance starting on December 5, 2023, but for a limited time.¹ On June 20, 2024, MassHealth sent another notice requesting that the appellant provide MassHealth with proof of residency by September 18, 2024. The MassHealth representative stated that MassHealth has not received a proof of residency from the appellant and that is the only item pending on his application.

The appellant confirmed his household size and income. He testified that he had submitted his proof of residency to MassHealth. He added that he lives with his brother, so he does not have a lease. The MassHealth representative explained that he could submit a self-attested statement confirming his residency and provided the appellant with MassHealth's fax number. The appellant said that he will fax over a self-attested statement to MassHealth.

Findings of Fact

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

1. The appellant is under the age of [REDACTED] is a non-citizen, and lives in a household of one. (Testimony and Exhibit 1).
2. On December 15, 2023, the appellant submitted an initial application to MassHealth for MassHealth coverage which was approved on the same day. (Testimony).
3. On June 20, 2024, MassHealth notified the appellant that he was approved for MassHealth Family Assistance starting on December 5, 2023, for a limited time. (Testimony and Exhibit 1).
4. On June 20, 2024, MassHealth sent a notice to the appellant requesting that he submit a proof of residency by September 18, 2024. (Testimony).

¹ The categorical requirements and financial standards for MassHealth Family Assistance are set forth in 130 CMR 505.005.

5. As of the hearing date, MassHealth had not received a proof of Massachusetts residency from the appellant. (Testimony).

Analysis and Conclusions of Law

In order to determine eligibility, MassHealth requires verifications of certain eligibility factors such as income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000. See 130 CMR 502.003.

Pursuant to 130 CMR 503.002, MassHealth requires that an applicant or a member be a resident of the Commonwealth of Massachusetts. To prove residency, MassHealth has set forth a list of acceptable proof of residency in 130 CMR 503.002(F).

In accordance with 130 CMR 502.003(E), the MassHealth agency will provide benefits while the applicant provides the MassHealth agency outstanding corroborative information in accordance with 130 CMR 502.003(D)(1), except for individuals described at 130 CMR 502.003(E)(2). The MassHealth agency will accept self-attestation for all eligibility factors other than citizenship and immigration status, and make a provisional eligibility determination as if the applicant had supplied the information.

In this case, the MassHealth representative testified that the appellant had not provided MassHealth with the required proof of residency. The appellant testified that he had submitted proof of residency but could not provide any details regarding his submission. As of the date of the hearing, MassHealth's records did not reflect receipt of any submission from the appellant. Thus, the appellant failed to prove by the preponderance of the evidence that he had provided MassHealth with acceptable proof of residency in accordance with 130 CMR 503.002. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings"). Accordingly, MassHealth was correct to approve the appellant's MassHealth coverage for a limited time due to outstanding proof of residency verification.

For the foregoing reasons, 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616