

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411525
Decision Date:	10/21/2024	Hearing Date:	August 27, 2024
Hearing Officer:	Stanley M. Kallianidis	Record Open Date:	September 27, 2024

Appellant Representative:



MassHealth Representative:

Raybryana Dasher, Taunton



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Eligibility; Verifications
Decision Date:	10/21/2024	Hearing Date:	August 27, 2024
MassHealth Rep.:	Raybryana Dasher	Record Open Date:	September 27, 2024

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 July 10, 2024, MassHealth indicated that it was terminating the appellant's MassHealth benefits on July 24, 2024, 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 July 25, 2024 (see 130 CMR 610.015 and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

On August 1, 2024, a hearing notice was sent to the parties (Exhibit 3).

Action Taken by MassHealth

MassHealth stopped the appellant's MassHealth benefits.

Issue

Pursuant to 130 CMR 515.008, has the appellant provided MassHealth with the requested verifications necessary for a re-determination of her eligibility for benefits?

Summary of Evidence

The MassHealth representative testified that on March 22, 2024 the appellant filed her renewal for long-term care benefits (Exhibit 4). A verification request was sent out to the appellant on April 5, 2024 with a due date of July 4, 2024 (Exhibit 4). The verifications were not submitted, and a Notice of Termination was issued on July 10, 2024 (Exhibit 1). The missing verifications at issue in this case were the appellant's private pension, annuity, and [REDACTED] 401K statement (Exhibit 4).

At hearing, the MassHealth representative indicated that the only thing currently missing was either a statement or closing letter with regard to the appellant's [REDACTED] 401K account.

The appellant's representative requested additional time to provide the missing information.

The record was left open for one month for the appellant's representative to submit the requested verification to MassHealth (Exhibit 5). At the close of the record-open period, she indicated that she was unable to procure anything relating to the appellant's [REDACTED] 401K account (Exhibit 6).

The MassHealth representative indicated in her reply that MassHealth could not process her renewal application without this information (Exhibit 6).

Findings of Fact

Based on a preponderance of the evidence, I find:

1. The appellant's MassHealth renewal application was filed on March 22, 2024 (Exhibit 4).
2. On July 10, 2024, a Notice of Termination was issued denied due to a failure to provide requested verifications (Exhibit 1).
3. The missing verifications at issue were the appellant's private pension, annuity, and [REDACTED] 401K statement (Exhibit 4).
4. The record was left open for one month for the appellant's representative to submit the requested verification to MassHealth (Exhibit 5).
5. The appellant's representative was unable to provide information relating to the appellant's Fidelity 401K account during the record-open period. The MassHealth representative indicated that she could not process her renewal application without this information (Exhibit 6).

Analysis and Conclusions of Law

The 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, I have found that the appellant's MassHealth long-term care renewal application was filed on March 22, 2024. On July 10, 2024, a Notice of Termination was issued denied due to a failure to provide requested verifications.

At hearing, the MassHealth representative indicated that the only thing currently missing was either a statement or closing letter with regard to the appellant's [REDACTED] 401K account.

Despite the record being left open for one month, the appellant's representative was unable to provide any information about this account to MassHealth. The MassHealth representative indicated that she could not process the renewal application without a statement or closing letter from [REDACTED]

Based upon the regulations cited above, and where the appellant was unable to provide MassHealth with the requested information during a record-open period, the appellant is not entitled to a reopening of her long-term care case and the termination of July 24, 2024 must stand.

The appeal is therefore 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.

Stanley M. Kallianidis
Hearing Officer
Board of Hearings

cc:



Taunton MEC