### Office of Medicaid BOARD OF HEARINGS

#### **Appellant Name and Address:**



Appeal Decision: Denied Appeal Number: 2412224

09/06/2024

Decision Date: Hearing Date: August 26, 2024

Hearing Officer: Stanley M. Kallianidis

#### **Appellant Representative:**



#### MassHealth Representative:

Jeremy Silva, 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: Verifications

Decision Date: 09/06/2024 Hearing Date: August 26, 2024

MassHealth Rep.: Jeremy Silva Appellant Rep.: Pro Se

# **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 18, 2024, MassHealth denied the appellant's application for MassHealth benefits 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 August 4, 2024 (see 130 CMR 610.015 and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

The appellant was sent a corrected notice of the hearing on August 19, 2024 (Exhibit 3).

# **Action Taken by MassHealth**

MassHealth denied the appellant's application for MassHealth benefits.

### **Issue**

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

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## **Summary of Evidence**

The MassHealth representative testified that the appellant's March 14, 2024 application was denied due to a failure to provide timely verifications (Exhibit 1). A verification request was sent out to the appellant. The verifications were not submitted, and a Notice of Denial was issued on June 18, 2024 (Exhibit 1). The missing verifications at issue were with regard to the appellant's trust. The specific documents needed to process her application were a complete copy of her trust showing a list of beneficiaries as well as the assets and income of the trust (Exhibit 1).

The appellant testified at first that she did not have any trust. She then stated that she already sent the requested documents to MassHealth. She did attach to her appeal a "Trustee Certification Form" which certifies that she is the trustee of her trust (Exhibit 3). However, this form was not what MassHealth had requested.

The MassHealth representative further testified that the requested trust documents were still not submitted as of the hearing date.

# **Findings of Fact**

Based on a preponderance of the evidence, I find:

- 1. The appellant applied for MassHealth on March 14, 2024 (testimony).
- 2. The appellant's application was denied due to a failure to provide verifications (Exhibit 1).
- 3. The missing verifications at issue were a complete copy of her trust showing a list of beneficiaries as well as the assets and income of the trust (Exhibit 1).
- 4. The appellant did not provide any of the requested verifications at hearing.

## **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 applied for MassHealth on March 14, 2024. The appellant's application was denied due to her failure to submit information pertaining to her trust. MassHealth requested a complete copy of her trust showing a list of beneficiaries as well as the assets and income of the trust.

None of the requested verifications were provided at the hearing.

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Based upon the regulation cited above, and where the appellant did not provide the necessary verifications for a determination of eligibility, her application was correctly denied.

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** 

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