

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part; Remand	Appeal Number:	2413038
Decision Date:	11/15/2024	Hearing Date:	09/24/2024
Hearing Officer:	Emily Sabo		

Appearances for Appellant:



Appearance for MassHealth:

Iria Saracevic, Charlestown MEC



*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:	Approved in part; Remand	Issue:	Community Eligibility—Over 65; Verifications
Decision Date:	11/15/2024	Hearing Date:	09/24/2024
MassHealth's Rep.:	Iria Saracevic	Appellant's Reps.:	[REDACTED]
Hearing Location:	Charlestown MassHealth Enrollment Center (Telephone)	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 August 5, 2024, MassHealth terminated the Appellant's MassHealth Standard benefits for failing to submit requested information. 130 CMR 515.008 and Exhibit 1. The Appellant filed this appeal in a timely manner on August 21, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth Standard benefits for failing to submit requested information.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that the Appellant failed to submit the requested information.

Summary of Evidence

The hearing was held by telephone. The Appellant appeared and verified his identity. He was also represented by his spouse. Prior to the hearing, the Appellant had submitted a record of the April 29, 2024 request for information notice from MassHealth, post office receipts, and the information the Appellant submitted to MassHealth. Exhibit 6.

The MassHealth representative testified that the Appellant is over the age of 65 and his spouse is under the age of 65. The MassHealth representative testified that based on the Appellant's 2023 Schedule E, the Appellant has a monthly income of \$2,819 consisting of rental income. The MassHealth representative testified that at present, the Appellant is eligible for MassHealth Senior Buy-In (also known as Medicare Savings Plan).

The Appellant and his spouse testified that they had only received an April 29, 2024 request for information, and they sent in all the requested information timely. The Appellant testified that the April 29, 2024 request for information asked about a 2008 vehicle that has long been gone. The Appellant's spouse stated that she disagreed with the household income information quoted by MassHealth. The Appellant's spouse testified that the household has two dependents—a daughter who is disabled, and a grandchild.

Findings of Fact

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

1. The Appellant is over the age of 65. Testimony and Exhibit 4.
2. The Appellant's spouse is under the age of 65. Testimony.
3. The Appellant and his spouse filed their federal 2023 taxes jointly. Exhibit 6.
4. The Appellant and his spouse claimed two dependents—a daughter and grandchild on their federal 2023 taxes. Exhibit 6.
5. On April 29, 2024, MassHealth requested that the Appellant provide certain information. Exhibit 6.
6. In response to the request, the Appellant submitted a copy of the couple's federal 2023 joint tax return, including schedules C and E. Exhibit 6.
7. The Appellant's response included a statement that the 2008 vehicle had been junked two years ago. The statement was signed under penalty of perjury and was signed by the

Appellant and his spouse. Exhibit 6.

8. The Appellant's response included information on a life insurance policy that was cancelled in 2018 and the Appellant and his spouse's bank accounts. Exhibit 6.
9. The August 5, 2024 notice states that the Appellant's MassHealth coverage will be terminated effective August 19, 2024, for failing to timely provide requested information, specifically the Appellant's spouse's tax return, the 2008 vehicle, and other asset information. Exhibit 1.
10. Prior to the termination, the Appellant had been enrolled in MassHealth Standard since 2002. Exhibit 4.
11. In his appeal, the Appellant stated that all of the previous tax returns requested were timely provided via the US postal service and that if they had been lost or misplaced, he would have gladly cooperated to the best of his abilities. Exhibit 2.

Analysis and Conclusions of Law

MassHealth regulations provide the following:

515.008: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

130 CMR 515.008.

As stated above, the Appellant provided evidence that he mailed MassHealth the information requested in the April 29, 2024 notice that led to the August 5, 2024 termination notice. Exhibit 6.¹ Based on a preponderance of the evidence, I find that the Appellant provided MassHealth with the requested information in a timely fashion. Accordingly, the appeal is approved.

The matter is remanded to MassHealth to determine the Appellant's eligibility based on the information provided.²

Order for MassHealth

Reinstate the Appellant's MassHealth Standard benefit. Determine the Appellant's eligibility.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

¹ The Appellant did not include a letter from his insurance company, but did include an annual report from the company indicating that the policy had no cash surrender value.

² While not the subject of this appeal, depending on the age of the dependent grandchild, the Appellant may be eligible for MassHealth benefits as a caretaker relative under 130 CMR 505.002(C)(1).