

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2505653
Decision Date:	6/9/2025	Hearing Date:	04/25/2025
Hearing Officer:	Kenneth Brodzinski	Record Open to:	05/16/2025

Appearance for Appellant:



Appearance for MassHealth:

Gina Ciaramella-Burbank, 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

Appeal Decision:	Denied	Issue:	Eligibility; Failure to Verify
Decision Date:	6/9/2025	Hearing Date:	04/25/2025
MassHealth's Rep.:	Gina Ciaramella-Burbank	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MEC		

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 March 26, 2025, MassHealth denied Appellant's application for MassHealth benefits because Appellant failed to file requested financial verifications needed for MassHealth to assess Appellant's eligibility (Exhibit A). Appellant filed this appeal in a timely manner on April 9, 2025 (see 130 CMR 610.015(B) and Exhibit A). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth benefits because Appellant failed to file requested financial verifications needed for MassHealth to assess Appellant's eligibility.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied Appellant's application for MassHealth benefits because Appellant failed to file requested financial verifications needed for MassHealth to assess Appellant's eligibility.

Summary of Evidence

The MassHealth representative testified that Appellant was sent a written request for verifications needed by the agency to determine her financial eligibility. The verifications were not received by the stated due date and MassHealth issued the subject denial notice on March 26, 2025 (Exhibit A). The MassHealth representative reviewed what was requested and still outstanding which included answers to questions 7 and 10-11 on the application, Appellant's signature on the signature page, information about any life insurance policies including but not limited to a policy from [REDACTED] and bank statements for both savings and checking accounts. By the date of hearing, Appellant had not filed any of the requested verifications.

Appellant appeared on her own behalf along with her daughter. The daughter requested more time to file the requested verification. Appellant was given until the close of business on Friday, May 16, 2025 to file the verifications with MassHealth and the Board of Hearings. By the record close date and the date of this decision, Appellant has not filed any of the requested verifications with either MassHealth or the Board of Hearings and has not asked for additional time to make such a filing (Exhibit B).

Findings of Fact

By a preponderance of the evidence, this record supports the following findings:

1. MassHealth sent a written request to Appellant for verifications needed by the agency to determine her financial eligibility.
2. MassHealth requested answers to questions 7 and 10-11 on the application, Appellant's signature on the signature page, information about any life insurance policies including, but not limited to a policy from [REDACTED] and bank statements for both savings and checking accounts.
3. The verifications were not received by the stated due date and MassHealth issued the subject denial notice on March 26, 2025 (Exhibit A).
4. By the date of hearing, Appellant had not filed any of the requested verifications.
5. At hearing Appellant requested and was given until the close of business on Friday, May 16, 2025 to file the verifications with MassHealth and the Board of Hearings.
6. By the record close date and the date of this decision, Appellant has not filed any of the requested verifications with either MassHealth or the Board of Hearings and has not asked for additional time to make such a filing.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

Regulation 130 CMR 516.003 in pertinent part states:

Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: MassHealth: Universal Eligibility Requirements, 130 CMR 518.000: MassHealth: Citizenship and Immigration, and 130 CMR 520.000: MassHealth: Financial Eligibility.

(A) Information Matches. The MassHealth agency initiates information matches with federal and state agencies and other informational services, as described at 130 CMR 516.004, when an application is received in order to verify eligibility.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications.

(2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.

(3) A new application is required if a reapplication is not received within 30 days of the date of denial.

Appellant has simply failed to provide verifications that have been requested multiple times (at the time application, in response to the written verification request, and after the hearing during the record-open period). On this record, there is no basis in fact and/or law to disturb MassHealth's determination under the subject notice of March 26, 2025. The appeal is DENEID.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

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