

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2506076
<b>Decision Date:</b>	7/21/2025	<b>Hearing Date:</b>	May 22, 2025
<b>Hearing Officer:</b>	Stanley M. Kallianidis	<b>Record Open Date:</b>	June 23, 2025

**Appellant Representative:**



**MassHealth Representative:**

Palestrina Dessalines St. Fort, Taunton



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

## APPEAL DECISION

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Verifications
<b>Decision Date:</b>	7/21/2025	<b>Hearing Date:</b>	June 23, 2025
<b>MassHealth Rep.:</b>	Palestrina Dessalines St. Fort		

### 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 31, 2025, 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 April 16, 2025 (see 130 CMR 610.015 and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

On April 23, 2025, a hearing notice was sent to the parties (Exhibit 3).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

### Issue

Pursuant to 130 CMR 610.071, has the appellant provided MassHealth with the requested verifications as of the close of the hearing record so as to be entitled to a re-determination of benefits?

## Summary of Evidence

The MassHealth representative testified that the appellant's September 19, 2024 application was denied due to a failure to provide timely verifications. A verification request was sent out to the appellant. Because all of the requested verifications were not submitted, a Notice of Denial was issued on March 31, 2025 (Exhibit 1). The missing verifications at issue were the appellant's life insurance cash value and [REDACTED] statements.

The appellant's representative testified that the appellant did not own the bank account in question. She stated that she could submit the value of the life insurance and a letter from [REDACTED] regarding this account if given additional time.

The record was left open for 30 days during which time the appellant's representative submitted the verifications necessary for a determination of her eligibility for benefits. Specifically, she submitted documentation of the life insurance cash value as well as a letter from the bank that the account in question did not exist (Exhibits 4 & 5).

The MassHealth representative indicated that while the requested information was received thus completing the verifications process, the appellant's application could not be re-opened and processed because she was over the \$2,000.00 asset limit (Exhibit 6).

## Findings of Fact

Based on a preponderance of the evidence, I find:

1. The appellant applied for MassHealth on September 19, 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 the appellant's life insurance and documentation regarding a [REDACTED] account (testimony).
4. The appellant's representative submitted documentation on the life insurance cash value as well as a letter from the bank that the account in question did not exist during the record-open period (Exhibits 4 & 5).
5. The MassHealth representative indicated that while the requested information was received which completed the verifications process, the appellant's application could not be re-opened and processed because she was over the \$2,000.00 asset limit (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).

130 CMR 610.071 provides that evidence submitted at the hearing shall not be excluded. The date of eligibility is the date when the conditions of eligibility have been met, regardless of when the evidence was provided.

In the instant appeal, I have found that the appellant applied for MassHealth on September 19, 2024. The appellant's application was denied due to her failure to verify her life insurance and documentation regarding a [REDACTED] account.

During the record-open period, the appellant provided the requested verifications. Nonetheless, the MassHealth representative indicated that the appellant's application could not be re-opened and processed because she was over the \$2,000.00 asset limit.

Based upon the regulations cited above, and where the appellant provided MassHealth with the requested information, in accordance with 130 CMR 516.005, the appellant is entitled to a reopening of her application and a redetermination of eligibility regardless of whether or not she is over the asset limit. If she is indeed over asset, the appellant is entitled to written notice giving her 30 days to reduce assets and/or appeal the determination in accordance with 130 CMR 520.004.

The appeal is therefore approved.

## **Order for MassHealth**

Re-open September 19, 2024 application and determine appellant's eligibility for MassHealth.

## Implementation of this Decision

If this decision is not implemented within 30 days after the date of this notice, you should contact your local office. 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.

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Stanley M. Kallianidis  
Hearing Officer  
Board of Hearings

cc:

Taunton MEC