

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2155316
Decision Date:	9/08/2021	Hearing Date:	08/17/2021
Hearing Officer:	Casey Groff		

Appearance for Appellant:



Appearance for MassHealth:

Kathleen Towle of the Springfield 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:	Denied	Issue:	Verifications
Decision Date:	9/08/2021	Hearing Date:	08/17/2021
MassHealth's Rep.:	Kathleen Towle	Appellant's Rep.:	
Hearing Location:	By Telephone		

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 15, 2021, MassHealth denied Appellant's application for MassHealth long-term care benefits because MassHealth determined that Appellant did not provide required verifications within the required time frame. See Exhibit 1 and 130 CMR 515.008. Appellant filed this appeal in a timely manner on July 14, 2021. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth long-term care benefits because she failed to provide MassHealth with necessary verifications to determine her eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in denying Appellant's application for long-term care benefits because Appellant failed to submit requested verifications within a timely manner.

Summary of Evidence

A MassHealth representative appeared at the hearing and testified as follows: Appellant filed an application for long-term care benefits on April 30, 2021. MassHealth sent a notice to Appellant dated May 5, 2021, requesting she provide necessary verifications to determine her eligibility for benefits. On June 15, 2021, MassHealth denied Appellant's application because she did not submit the requested verifications to MassHealth by the deadline. See Exhibit 2. Appellant filed a timely appeal of the denial with the Board of Hearings. The MassHealth representative also noted that a re-application of this case was processed on June 29, 2021 after receiving some, but not all, of the missing verifications. On August 6, 2021, MassHealth denied the re-application as Appellant failed to submit the remaining verifications within the required timeframe. See Exhibit 4, p. 5. As of the hearing date, MassHealth had still not received verification of the following information: (1) Appellant's Harvard Pilgrim health insurance premium (not the explanation of benefits, which had already been submitted); (2) documentation showing the value of a savings bond belonging to Appellant, which she reported in her application as being valued at \$112,000; and (3) proof of whether an out-of-state property was sold at fair market value and where proceeds from sale of home went. See Exhibit 4.

Appellant appeared at the hearing with her daughter by telephone.¹ Through a Vietnamese interpreter, they testified as follows: They have provided bank account records to MassHealth as requested. They do not have any additional documentation to provide. When Appellant and her husband sold the out-of-state property, he took \$200,000 of the proceeds and left for Vietnam. He gave Appellant the remaining proceeds of approximately \$100,000. Because the husband left, she does not have the paperwork regarding the sale. Additionally, Appellant did not have the paperwork to support the current value of her insurance premium or value of the savings bond as she listed on her long-term care application. When it was discussed that MassHealth requires such underlying documentation to establish whether Appellant is financially eligible for benefits, i.e. under the \$2,000 asset limit, Appellant's daughter mentioned that her mother has \$100,000 in a bank account. Appellant's daughter stated her mother worked her entire life, is now retired, and only receives income from social security. She cannot afford to pay medical expenses out of pocket.

Findings of Fact

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

1. On April 30, 2021, Appellant filed an application with MassHealth seeking long-term care benefits.
2. On May 5, 2021, MassHealth issued a request for information seeking necessary

¹ Appellant had designated her granddaughter as her appeal representative on the fair hearing request form. At the scheduled date and time of hearing, Appellant's granddaughter did not pick up after several calls were made by BOH. Appellant was contacted through another phone number and with the assistance of a Vietnamese interpreter indicated she wished to proceed with the hearing. Appellant's daughter, who also spoke through the interpreter, was present and also testified on Appellant's behalf.

verifications to determine her eligibility for benefits.

3. On June 15, 2021, MassHealth denied Appellant's application because she did not submit the requested verifications to MassHealth by the deadline.
4. Appellant filed a timely appeal of the denial with the Board of Hearings.
5. As of the hearing date, MassHealth had still not received verification of the following information: (1) Appellant's Harvard Pilgrim health insurance premium (not the explanation of benefits, which had already been submitted); (2) documentation showing the value of a savings bond belonging to Appellant, which she reported in her application as being valued at \$112,000; and (3) proof of whether an out-of-state property was sold at fair market value and where proceeds from sale of home went.
6. As of the hearing date, Appellant had not provided MassHealth with any of the missing verifications, nor indicated any plan to obtain the necessary information.

Analysis and Conclusions of Law

Once an application for MassHealth long-term-care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. See 130 CMR 516.001. This process, as outlined in section (B) of 130 CMR 516.001 provides the following:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the application.
- (2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

Subsection (C) of 130 CMR 516.001 then sets forth the following process regarding the receipt of corroborative information:

If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. ***If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.***

- (1) If the requested information is received within 30 days of the date of the denial, the date of receipt of one or more of the verifications is considered the date of reapplication.

(2) The date of reapplication replaces the date of the denied application. The applicant's earliest date of eligibility for MassHealth is based on the date of reapplication.

(3) If a reapplication is subsequently denied and not appealed, the applicant must submit a new application to pursue eligibility for MassHealth. The earliest date of eligibility for MassHealth is based on the date of the new application.

It is the responsibility of the applicant to "cooperate with MassHealth in providing information necessary to establish eligibility... and to comply with all the rules and regulations of MassHealth." See 130 CMR 515.008.

MassHealth appropriately notified Appellant on May 5, 2021 of the required corroborative information needed for MassHealth to determine her eligibility for benefits. In accordance with 130 CMR 516.001(B)(2), this information was due by June 5, 2021 – 30 days from the date of the information request. At hearing, Appellant acknowledged that she did not provide all the requested information, nor did she articulate any plan or intent on how she would obtain the missing items. Based on the aforementioned regulations, MassHealth did not err in denying Appellant's request for MassHealth benefits. See 130 CMR 515.008; see also 130 CMR 516.001(C).

This appeal is 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.

Casey Groff
Hearing Officer
Board of Hearings

cc: Dori Mathieu, Springfield MassHealth Enrollment Center