

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2155396
Decision Date:	10/5/2021	Hearing Date:	08/02/2021
Hearing Officer:	Samantha Kurkijy	Record Open to:	08/12/2021

Appearance for Appellant:

Via telephone:



Appearance for MassHealth:

Via telephone:

Alexsandra DeJesus, Chelsea 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:	LTC Eligibility – Verifications
Decision Date:	10/5/2021	Hearing Date:	08/02/2021
MassHealth’s Rep.:	Alexsandra DeJesus	Appellant’s Rep.:	[REDACTED]
Hearing Location:	Chelsea MassHealth Enrollment Center		

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 May 17, 2021, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant failed to submit verifications in a timely manner (see 130 CMR 516.001 and Exhibit 1). The appellant filed this appeal in a timely manner on July 15, 2021 (see 130 CMR 610.015(B) and Exhibit 2).¹ Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

The record in this appeal was held open until August 6, 2021 for the appellant to submit the requested verifications and until August 13, 2021 for MassHealth to review and respond, although MassHealth responded on August 11, 2021 and the record closed on August 12, 2021.

The hearing officer was on leave due to a serious illness, which extends the timeframe for rendering a decision (see 130 CMR 610.015(D)(4)).

¹ In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends:
 - All appeal hearings will be telephonic; and
 - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits for failure to submit requested verifications in a timely manner.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant failed to submit requested verifications in a timely manner.

Summary of Evidence

The MassHealth representative appeared at hearing via telephone and testified as follows: the appellant is a female over the age of 65. MassHealth received a long-term care application on behalf of the appellant on April 2, 2021. On April 9, 2021, MassHealth issued a Request for Information with a due date of May 9, 2021. MassHealth did not receive the verifications and on May 17, 2021 issued the denial notice which is now under appeal. The appellant submitted additional documents, but the MassHealth representative did not receive them; however, she was able to find them in the system and would need to review them. As of hearing, the following documentation was still outstanding: gross pension stub for 2020 and 2021; copy of front and back of her Humana Claims card with monthly premium bill for 2020 and 2021; signature page of application; personal needs allowance (PNA) account statement; long-term care supplement; SC-1 and screen, including the requested start date; statements from various bank accounts (for all accounts include verification of where all withdrawals of \$1,000 and over went; source of all deposits except Social Security; and, if the account is closed, show when and where the remaining balance was transferred).

The appellant's representative, a billing and Medicaid specialist from the facility, appeared via telephone and testified as follows: she has spoken to the appellant's son and he has a lot of the information requested. As to the withdrawals of over \$1,000, the son got nervous and took money out of the accounts, but he is saving it for the funeral contract and will arrange for a burial account. She has contacted the appellant's former employee to get the Humana Claims card and premium bill because the money for it comes out of her pension. The appellant does not have a PNA account. She has sent the signature page and bank statements.

At the request of the appellant, the record was held open until August 6, 2021 for the appellant to submit the missing verifications. MassHealth was given until August 13, 2021 to review and respond to the appellant's submission. On August 6, 2021, the appellant submitted a copy of the front and back of the Humana card and the funeral contract and the daughter's explanation of it.

On August 11, 2021, the MassHealth representative responded that she received the pension letter, but it shows the gross amount and does not show the deductions, which MassHealth needs to see. She assumed there were deductions because the health insurance is deducted from the pension and

the deposit into the bank account is different than the amount stated in the pension letter. MassHealth also still did not receive the long-term care supplement, SC-1, screen, PNA, and private pay letter. The appellant's daughter provided a letter explaining how she paid for the funeral contract with funds that she transferred to herself five years ago; however, MassHealth would need verification of the exact dates the funds were transferred by sending a copy of the statement for that month, a copy of the check (if one was written), and a copy of the funeral contract. The daughter stating that the funds were taken out five years ago is not sufficient verification.

Having received MassHealth's response, on August 12, 2021 the hearing officer informed parties that the record closed.

Findings of Fact

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

1. The appellant was a female of the age of 65 (Testimony and Exhibit 4).
2. MassHealth received a long-term care application on behalf of the appellant on April 2, 2021 (Testimony and Exhibit 8).
3. MassHealth issued a Request for Information on April 9, 2021 with a due date of May 9, 2021, but did not receive the requested verifications and issued a denial notice on May 17, 2021 (Testimony and Exhibits 1 and 8).
4. The appellant timely appealed the denial notice on July 15, 2021 (Exhibit 2).
5. At the time of hearing, MassHealth was missing the following verifications, although had also received additional documents that had not yet been reviewed: gross pension stub for 2020 and 2021; copy of front and back of her Humana Claims card with monthly premium bill for 2020 and 2021; signature page of application; PNA account statement; long-term care supplement; SC-1 and screen, including the requested start date; statements from various bank accounts (for all accounts include verification of where all withdrawals of \$1,000 and over went; source of all deposits except Social Security; and, if the account is closed, show when and where the remaining balance was transferred).
6. At the request of the appellant, the record was left open until August 6, 2021 for the appellant to submit the missing verifications and until August 13, 2021 for MassHealth to review and respond (Testimony and Exhibit 9).
7. At the close of the record open period, MassHealth was still missing or had incomplete information for the following: the pension letter did not show deductions; verifications for the funds used for the funeral contract (the letter of explanation from the daughter was insufficient); long-term care supplement; and nursing facility documents including the SC-1, screen, and private pay letter (Exhibit 9 at 14).

8. The appellant does not have a PNA account (Testimony and Exhibit 7 at 5).
9. The record closed on August 12, 2021 (Exhibit 9 at 17).

Analysis and Conclusions of Law

Pursuant to 130 CMR 515.008(A), an “applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility...” After receiving an application for MassHealth benefits, MassHealth proceeds as follows:

The MassHealth agency requests all corroborative information necessary to determine eligibility.

(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.

(130 CMR 516.001(B)). “If the requested information...is received [by MassHealth] within 30 days of the date of the request, the application is considered complete....If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.” (130 CMR 516.001(C).)

MassHealth denied the appellant’s application for failure to submit all of the requested information within the required time frame. At hearing, the MassHealth representative testified that there were still outstanding verifications. The appellant was granted a record open period at hearing, but did not provide all of the verifications requested during the allowed time. As the appellant has failed to submit all of the requested verifications by the close of the record open period, 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.

Samantha Kurkly
Hearing Officer
Board of Hearings

cc: Nancy Hazlett, Chelsea MassHealth Enrollment Center

