

# Office of Medicaid BOARD OF HEARINGS

## Appellant Name and Address

[REDACTED]

<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2175962
<b>Decision Date:</b>	12/09/2021	<b>Hearing Date:</b>	09/13/2021
<b>Hearing Officer:</b>	Samantha Kurkijy	<b>Record Open:</b>	09/17/2021

## Appearance for Appellant:

[REDACTED]


## Appearance for MassHealth:

Alexsandra DeJesus—Chelsea MEC



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street  
Quincy, MA 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Verifications
<b>Decision Date:</b>	12/09/2021	<b>Hearing Date:</b>	09/13/2021
<b>MassHealth Rep.:</b>	Alexsandra DeJesus	<b>Appellant Rep.:</b>	
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 June 30, 2021, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant failed to submit verifications in a timely manner. (130 CMR 516.001; Exhibit 1; Exhibit 5.) The appellant filed an appeal in a timely manner on August 6, 2021. (130 CMR 610.015(B); Exhibit 2.) Denial of assistance is a valid ground for appeal. (130 CMR 610.032.) A hearing was held on September 13, 2021. (Exhibit 3.) The record was left open for MassHealth to process the verifications submitted by the appellant. (Exhibit 6.) The hearing officer was on periods of medical leave due to a serious illness, which extends the deadline for rendering a hearing decision pursuant to 130 CMR 610.015(D)(4)(b).

## Action Taken by MassHealth

MassHealth notified the appellant that he is not eligible for MassHealth benefits because he did not submit the requested verifications.

## Issue

Whether MassHealth was correct in notifying the appellant that he is not eligible for MassHealth

benefits.

## Summary of Evidence

The MassHealth representative testified that the appellant, who is a resident of a nursing facility, submitted a MassHealth long-term care application on May 14, 2021. On May 25, 2021, MassHealth issued a Request for Information with a due date of June 24, 2021. On June 30, 2021, MassHealth denied the appellant's application for failure to submit verifications. The appellant submitted an appeal on August 6, 2021.

The MassHealth representative testified that the missing verifications consist of the following: copy of the appellant's health insurance card; personal-needs account ("PNA") statement; SC-1; private pay letter; screen; completed long-term care supplement; signed Permission to Share Information ("PSI") form; copy of lease; proof spouse pays for utilities and heat; statements for a bank account ("BA1") from May to September 2020; statements for a bank account ("BA2") from May to September 2020; verification of where Social Security income is being deposited; statements for annuities ("ANN1" and "ANN2") from January to December 2020; answer to question about whether the appellant owns a vehicle; copy of two funeral contracts, including goods and services; statements for a bank account ("BA3") from May 2020 to May 2021; statements for a bank account ("BA4") from May 2020 to May 2021; current face and cash surrender value for life insurance; and HUD statement, tax value, and verification of where the funds were deposited from the sale of real property. The MassHealth representative testified that the appellant submitted documents on September 9 and 12, but that she hadn't had time to process them yet.

The appellant was represented by his power of attorney, his daughter, and a Medicaid consultant. The Medicaid consultant testified that the appellant submitted all of the verifications requested by MassHealth.

The record was left open until September 17, 2021 for MassHealth to process the verifications submitted by the appellant. On September 17, 2021, the MassHealth representative reported that the appellant did not submit the PNA statement or the statements for ANN1 from January to December 2020. She noted that while the appellant provided information on the sale of the real property, the bank account ("BA5") into which the money was deposited had not been reported on the appellant's application. The appellant submitted statements for BA5 from February 2017, when the real property was sold, and May 2020 to June 2021, when the account was closed, but she is unable to track where the money went in between those dates. She noted that the appellant's portion of the sale will be considered a transfer of resources.<sup>1</sup>

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<sup>1</sup> The appellant responded that MassHealth is seeking new verifications and requested a record open period. That request was denied, and the parties were informed that the hearing officer may reopen the record after going through the appellant's submissions.

## Findings of Fact

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

1. The appellant is a resident of a nursing facility.
2. The appellant submitted a MassHealth long-term care application on May 14, 2021.
3. On May 25, 2021, MassHealth issued a Request for Information with a due date of June 24, 2021.
4. On June 30, 2021, MassHealth denied the appellant's application for failure to submit verifications.
5. The appellant submitted a timely appeal on August 6, 2021.
6. At hearing, the MassHealth representative testified that the missing verifications consist of the following: copy of the appellant's health insurance card; PNA statement; SC-1; private pay letter; screen; completed long-term care supplement; signed PSI form; copy of lease; proof spouse pays for utilities and heat; statements for BA1 from May to September 2020; statements for BA2 from May to September 2020; verification of where Social Security income is being deposited; statements for ANN1 and ANN2 from January to December 2020; answer to question about whether the appellant owns a vehicle; copy of two funeral contracts, including goods and services; statements for BA3 from May 2020 to May 2021; statements for BA4 from May 2020 to May 2021; current face and cash surrender value for life insurance; and HUD statement, tax value, and verification of where the funds were deposited from the sale of real property.
7. The MassHealth representative testified that the appellant submitted documents on September 9 and 12, but that she hadn't had time to process them yet.
8. The record was left open until September 17, 2021 for MassHealth to process the verifications submitted by the appellant.
9. On September 17, 2021, the MassHealth representative reported that the appellant did not submit the PNA statement or the statements for ANN1 from January to December 2020. She noted that while the appellant provided information on the sale of the real property, BA5, the account into which the money was deposited, had not been reported on the appellant's application. The appellant submitted statements for BA5 from February 2017, when the real property was sold, and May 2020 to June 2021, when the account was closed, but the MassHealth representative is unable to track where the money went in between those dates.

10. The appellant did not submit all of the requested verifications.

## **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).)

The MassHealth representative testified as to the verifications that were still outstanding at the time of the hearing. The appellant submitted two packets that MassHealth had not processed yet, but the appellant contended at hearing that all verifications had been submitted. After going through the packets, the MassHealth representative reported that the PNA statement, statements for ANN1, and statements for BA5 (which was previously unreported) were missing. The May 25, 2021 Request for Information specifically requests both the “run on your PNA account from admit to May 2021” as well as the statements for ANN1 from January to December 2020. (Exhibit 5, p. 16.) A letter from the nursing facility notes that as of June 30, 2021, the appellant’s PNA contained \$120, but no PNA statement was included in the appellant’s submission. The appellant also did not submit the statements for ANN1. The appellant requested a record open period because MassHealth was asking for new verifications (*see* FN 1), but the requests for the PNA statement and the ANN1 statements were not new. The appellant had several months to submit these verifications and did not do so.

For the foregoing reasons, the 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.

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Samantha Kurkja  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nancy Hazlett

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