

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2176175
Decision Date:	11/10/2021	Hearing Date:	09/17/2021
Hearing Officer:	Christopher Jones	Record Open to:	11/05/2021

Appearance for Appellant:




Appearance for MassHealth:

Cassandra Dustin Moura – Taunton Intake



*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 – Verifications
Decision Date:	11/10/2021	Hearing Date:	09/17/2021
MassHealth's Rep.:	Cassandra Dustin Moura	Appellant's Rep.:	
Hearing Location:	Springfield MassHealth Enrollment Center	Aid Pending:	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 July 22, 2021, MassHealth denied the appellant's application for MassHealth long-term-care benefits because the appellant failed to provide requested verifications. Exhibit 2; 130 CMR 515.008. The appellant filed this appeal in a timely manner on August 13, 2021. Exhibit 3; 130 CMR 610.015(B). Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

At the hearing, the record was left open for the appellant's representative to get authority to gather the required verifications. The record was left open until November 5, 2021 with explicit instructions that additional time would be allowed if the appellant's representative requested it.

Action Taken by MassHealth

MassHealth denied the application because information required to establish the appellant's eligibility for benefits was not provided.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.001, in determining that the appellant has failed to supply information required to determine the appellant's eligibility for benefits and otherwise cooperate with the application process.

Summary of Evidence

The appellant filed their first application in June 2021, seeking coverage as of March 1, 2021. MassHealth issued a notice requesting verifications on June 16, 2021. The appellant only has one bank account. It is an account with Direct Express, where her Social Security income is deposited. The parties agreed that Direct Express can be very difficult to work with, and that a lot of time would be needed to ensure that the appellant's representative had all the necessary authorizations in place to get the needed financial records.

The record was left open initially until November 5, 2021 for the appellant's representative to confirm that she had been appointed as Rep Payee by the Social Security Administration. Despite multiple reminders and follow-up emails, the appellant's representative never responded. No verifications were submitted into the record.

Findings of Fact

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

1. An application for long-term-care benefits was submitted in June 2021. It was denied July 22, 2021 for failing to submit requested verifications. Exhibits 2; 4.
2. The record was left open for the appellant's representative to be appointed Rep Payee, and to request additional time. Exhibit 5.
3. The appellant's representative never responded, and no verifications were submitted. Exhibit 5.

Analysis and Conclusions of Law

MassHealth members must establish financial eligibility, which includes showing that their assets are below a threshold and that they reduced their assets in accordance with state and federal law. See 130 CMR 520.000. To qualify for long-term-care benefits, an applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. See 130 CMR 516.001(B). If the requested verifications are received within 30 days, "the application is considered complete" and MassHealth continues to "determine the coverage type ... for which the applicant is eligible." 130 CMR 516.001(C). MassHealth may deny an application where the member has failed to provide requested information within 30 days. 130 CMR 516.001(C). If some, but not all, of the requested information is received with 30 days of the denial, MassHealth deems the date of receipt to be the date of reapplication, and the agency will send out a new verification request. If a MassHealth member fails to cooperate with MassHealth and submit the documentation requested, MassHealth will deny the member's application. See 130 CMR 515.008(C).

The appellant and their representatives have failed to submit all requested information and cooperate with MassHealth during the processing of their application. For the reasons outlined above, 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.

Christopher Jones
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104

[REDACTED]