

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address



Appeal Decision:	Denied	Appeal Number:	2176438
Decision Date:	11/23/2021	Hearing Date:	09/27/2021
Hearing Officer:	Samantha Kurkijy		

Appearance for Appellant:



Appearance for MassHealth:

Gabe Gillis—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

Appeal Decision:	Denied	Issue:	Verifications
Decision Date:	11/23/2021	Hearing Date:	09/27/2021
MassHealth Rep.:	Gabe Gillis	Appellant Rep.:	
Hearing Location:	Remote	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 August 10, 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 6.) The appellant filed an appeal in a timely manner on August 23, 2021. (130 CMR 610.015(B); Exhibit 2.) Denial of assistance is a valid ground for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

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

Issue

Whether MassHealth was correct in notifying the appellant that she is not eligible for MassHealth benefits.

Summary of Evidence

The MassHealth representative testified that the appellant, who is living in the community, submitted a MassHealth long-term care application on June 22, 2021. On June 29, 2021, MassHealth issued a Request for Information with a due date of July 29, 2021. On August 10, 2021, MassHealth denied the appellant's application for failure to submit verifications. The appellant submitted an appeal on August 23, 2021.¹

The MassHealth representative testified that the missing verifications consist of the following: SC-1; nursing facility screen; personal-needs account ("PNA"); private pay letter; and bank statements from June 2021 to present to verify that the appellant's assets are below the \$2,000 MassHealth asset limit. The nursing facility documents were listed on both the June 29, 2021 Request for Information and the August 10, 2021 denial notice.

The appellant was represented at hearing by her two sons. They testified that although they are receiving assistance from another individual, they have not found a facility to accept the appellant. They testified that one of the sons is the appellant's caretaker. They further testified that the appellant has not spent down her assets below the MassHealth asset limit because the appellant has not yet found a facility that will admit her. The appellant's representatives testified that the appellant has private health insurance, as well as Medicare.

The MassHealth representative responded that he e-mailed one of the appellant's representatives on September 7, 2021 to explain the appellant's options. He explained to the appellant's representative that the appellant's case could be run as a community case, as MassHealth cannot determine the appellant's eligibility for long-term care if she is not living in a nursing facility. The appellant's application for benefits would be denied, but the MassHealth notice would inform the appellant of the deductible she would need to meet in order to become eligible for MassHealth benefits.² He explained that this option may make it easier for the appellant to be admitted to a nursing facility, and that running the appellant's case as a community application would negate the need for the appellant to submit the PNA, screen, SC-1, and private pay letter. The MassHealth representative testified that the appellant may also reapply for MassHealth benefits at a later date when she is residing in a nursing facility. He testified that the appellant's income is over the limit for the Frail Elder Waiver.

¹ The appellant's reapplication date is August 18, 2021. MassHealth issued a second Request for Information on September 22, 2021, with a due date of October 22, 2021.

² The appellant would be responsible for paying the bills used to meet the deductible.

Findings of Fact

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

1. The appellant lives in the community.
2. The appellant submitted a MassHealth long-term care application on June 22, 2021.
3. On June 29, 2021, MassHealth issued a Request for Information with a due date of July 29, 2021.
4. On August 10, 2021, MassHealth denied the appellant's application for failure to submit verifications.
5. The appellant submitted a timely appeal on August 23, 2021.
6. At the time of the hearing, the missing verifications consisted of the following: SC-1; nursing facility screen; PNA; and private pay letter. These documents were listed on both the June 29, 2021 Request for Information and the August 10, 2021 denial notice.
7. MassHealth also requested bank statements from June 2021 to present to verify that the appellant's assets are below the \$2,000 MassHealth asset limit.
8. The appellant's sons have not found a facility that will accept the appellant.
9. 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).)

At the time of the hearing, the nursing facility documents were still outstanding. These documents were requested on the June 29, 2021 Request for Information and were listed as outstanding on the August 10, 2021 denial notice.³ The appellant’s representatives testified that they have encountered difficulty finding a nursing facility that will admit the appellant, and the MassHealth representative explained some options available to the appellant. There is no dispute that the nursing facility documents have not been submitted in relation to the June 22, 2021 MassHealth application for benefits.

Accordingly, 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.

Samantha Kurkcy
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nancy Hazlett



³ The bank statements showing a balance under the MassHealth asset limit of \$2,000 is a matter of assets. The only issue on appeal is verifications.