

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2176822
Decision Date:	11/19/2021	Hearing Date:	10/12/2021
Hearing Officer:	Patricia Mullen	Record Open to:	11/12/2021

Appearance for Appellant:




Appearance for MassHealth:
leasha Pittman, Taunton 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:	11/19/2021	Hearing Date:	10/12/2021
MassHealth's Rep.:	Ieasha Pittman, Taunton MEC	Appellant's Rep.:	
Hearing Location:	Taunton 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 August 30, 2021, MassHealth denied the appellant's application for MassHealth Standard benefits for long term care residents because MassHealth determined that the appellant failed to submit requested verifications within the required time frame. (see 130 CMR 516.001 and Exhibit 1). The appellant filed this appeal in a timely manner on September 7, 2021. (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032). The record was left open for one month, until November 12, 2021, to give the appellant the opportunity to submit additional information. (Exhibit 6).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth Standard for long term care residents.

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 within the required time frame.

Summary of Evidence

The appellant was represented telephonically at the hearing by her authorized representative, the office manager from the skilled nursing facility. (Exhibit 2). MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Taunton. The MassHealth representative testified that the appellant applied for MassHealth on July 13, 2021 seeking a MassHealth start date of August 1, 2021. The MassHealth representative stated that MassHealth sent the appellant a Request for Information dated July 26, 2021, requesting verification of current cash surrender values of 3 life insurance policies. The MassHealth representative stated that verifications were not received, and the application was denied by notice dated August 30, 2021. The August 30, 2021 denial notice was timely appealed and is at issue in this hearing. (Exhibits 1, 2).

The MassHealth representative stated that the appellant submitted the original tables that accompanied each of the life insurance policies at the time such policies were purchased. (Exhibit 3) The tables set forth anticipated cash value based on age, number of policy years, up to date premium payments, and no outstanding loan balances. (Exhibit 3). The MassHealth representative stated that these tables do not accurately set forth the current cash surrender value (CSV) for each of the policies and MassHealth does not accept such tables as verification of the CSVs for the policies. The MassHealth representative pointed out that the current CSVs could be different from the amounts set forth in the tables, based on premium payments, loans against the policy, etc. The MassHealth representative stated that MassHealth needs a current letter from each of the life insurance companies listing the current CSV for each policy, as noted in the request for information.

The appellant's representative stated that the tables show the cash value at the end of each policy year. The record was left open for one month, until November 12, 2021, to give the appellant the opportunity to submit letters from each of the 3 life insurance companies with the current CSV for each policy. (Exhibit 6). Nothing was submitted during the record open period and the appellant's representative reported that the appellant's family was not cooperative and a new MassHealth application would be submitted. (Exhibit 7).

Findings of Fact

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

1. The appellant applied for MassHealth on July 13, 2021 seeking a MassHealth start date of August 1, 2021.
2. MassHealth sent the appellant a Request for Information dated July 26, 2021, requesting verification of current cash surrender values of 3 life insurance policies.
3. Verifications were not received and the application was denied by notice dated August 30, 2021; the August 30, 2021 denial notice was timely appealed and is at issue in this hearing.
4. The appellant submitted the original tables that accompanied each of the life insurance policies

at the time such policies were purchased; the tables set forth anticipated cash value based on age, number of policy years, up to date premium payments, and no outstanding loan balances.

5. The record was left open for one month, until November 12, 2021, to give the appellant the opportunity to submit letters from each of the 3 life insurance companies with the current CSV for each policy; nothing was submitted during the record open period.

Analysis and Conclusions of Law

Application for Benefits

(A) Filing an Application.

(1) Application. To apply for MassHealth

- (a) for an individual living in the community, an individual or his or her authorized representative must file a complete paper Senior Application and all required Supplements or apply in person at a MassHealth Enrollment Center (MEC); or
- (b) for an individual in need of long-term-care services in a nursing facility, a person or his or her authorized representative must file a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC).

(2) Date of Application.

- (a) The date of application is the date the application is received by the MassHealth agency.
- (b) An application is considered complete as provided in 130 CMR 516.001(C).
- (c) If an applicant described in 130 CMR 519.002(A)(1) has been denied SSI in the 30-day period before the date of application for MassHealth, the date of application for MassHealth is the date the person applied for SSI.

(3) Paper Applications or In-person Applications at the MassHealth Enrollment Center (MEC) — Missing or Inconsistent Information.

- (a) If an application is received at a MassHealth Enrollment Center or MassHealth outreach site and the applicant did not answer all required questions on the Senior Application or if the Senior Application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.
- (b) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.
- (c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the notice, referenced in 130 CMR 516.001(A)(3)(b), the MassHealth agency will request any corroborative information necessary to determine eligibility, as provided in 130 CMR 516.001(B) and (C).
- (d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referenced in 130 CMR 516.001(A)(4)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response

is received, provided that if the required response is submitted more than one year after the initial incomplete application, a new application must be completed.

(e) Inconsistent answers are treated as unanswered.

(B) Corroborative Information. 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.

(C) 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.

(130 CMR 516.001).

The hearing officer may not exclude evidence at the hearing because it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. The effective date of any adjustments to the appellant's eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.

(130 CMR 610.071(A)(2)).

The appellant did not submit the current CSVs of three life insurance policies as requested in the MassHealth Request for Information dated July 26, 2021 and the MassHealth application was denied by notice dated August 30, 2021. On the date of hearing, the requested verification of CSVs of 3 life insurance policies were still outstanding. MassHealth is correct in that the tables in the original policies do not necessarily depict the current accurate CVSs of the policies. The record was left open for one month to give the appellant the opportunity to submit verification from the insurance companies of the current CSVs of the 3 life insurance policies. Nothing was submitted by the appellant during the record open period and the requested verifications remain outstanding. MassHealth's action in denying the appellant's application for failure to submit requested verifications in a timely manner is upheld and 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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center

[REDACTED]