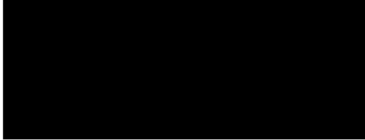


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2200712
Decision Date:	4/14/22	Hearing Date:	2/28/2022
Hearing Officer:	Sara E. McGrath		

Appearances for Appellant:



Appearances for MassHealth:

Yous Khieu, 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:	4/14/22	Hearing Date:	2/28/2022
MassHealth Rep.:	Yous Khieu	Appellant Rep.:	
Hearing Location:	Board of Hearings (Remote)		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated January 6, 2022, MassHealth notified the appellant that he is not eligible for MassHealth benefits because he did not submit the information it needs to decide his eligibility within the required time frame (Exhibit 1). The appellant filed this appeal in a timely manner on January 31, 2022 (130 CMR 610.015(B)). Denial of assistance is a valid ground for appeal (130 CMR 610.032). At the conclusion of hearing, the record was left open until April 1, 2022 for the appellant to submit additional information, and for MassHealth to review and respond.

Action Taken by MassHealth

MassHealth notified the appellant that that he is not eligible for MassHealth benefits because he did not submit the information it needs to decide his eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant's application for MassHealth benefits.

Summary of Evidence

The MassHealth representative appeared by telephone and testified to the following chronology: On November 12, 2021, the appellant filed an application for MassHealth long-term care benefits, seeking a coverage start date of November 18, 2021. On January 6, 2022, MassHealth sent the appellant a denial notice because he did not submit all the information necessary to process his application (Exhibit 1). Specifically, on November 29, 2021, MassHealth sent a checklist to the appellant requesting documentation from the appellant and his spouse, including the following: From the spouse, MassHealth requested verification of earned income, health insurance premiums, stock values, and vehicle values. Further, MassHealth requested documentation related to a piece of real estate (home insurance premium bill, real estate tax bill, and utility bills). Also, MassHealth requested that the spouse answer an application question related to trusts. From the appellant, MassHealth requested verification of health insurance premiums, stock values, and bank statements from all accounts from November 1, 2020 to present, including verification of withdrawals of \$1,000 or more as well as the source of deposits (or close-out documents and verification of where funds went). Further, MassHealth requested the same real estate documentation as it requested from the spouse, as well as that he answer an application question related to trusts. Lastly, MassHealth requested verification of the appellant's personal needs account, a letter from the nursing facility addressing any private funds paid, and the nursing facility screening forms (Exhibit 4). Because the appellant did not submit any of the requested information, MassHealth sent the denial notice that is the subject of this appeal (Exhibit 1).

The appellant's representative appeared by telephone and explained that he was experiencing difficulties obtaining the requested information; the appellant had had several recent hospitalizations and his spouse has recently filed for divorce. Upon request, the hearing officer agreed to leave the record open until March 18, 2022 for the appellant to submit the outstanding verifications, and until April 1, 2022 for MassHealth to review and respond (Exhibit 3). The appellant's representative did not submit any documentation during the record-open period, and did not request an extension.

Findings of Fact

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

1. The appellant filed an application for MassHealth benefits on November 12, 2021, seeking a coverage start date of November 18, 2021.
2. On January 6, 2022, MassHealth sent the appellant a denial notice because he did not submit all the information necessary to process his application.
3. Specifically, at of the date of hearing, MassHealth was missing most of the requested documents related to both the appellant's and his spouse's income and assets.
4. Upon request, the hearing officer agreed to leave the record open until March 18, 2022 for the appellant to submit the outstanding verifications, and until April 1, 2022 for MassHealth to review and respond.
5. The appellant did not submit any of the requested documentation in the record-open period.

Analysis and Conclusions of Law

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility (130 CMR 516.001). 130 CMR 516.001(B) provides the following with respect to corroborative information:

- (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(C) sets forth the process regarding the receipt of corroborative information, and provides as follows:

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.

Despite being given additional time post-hearing to submit the outstanding documentation, the appellant did not submit all required verifications to MassHealth or the hearing officer. The appellant has therefore not fulfilled his obligations pursuant to 130 CMR 516.001.

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.

Sara E. McGrath
Hearing Officer
Board of Hearings

cc: Chelsea MassHealth Enrollment Center

