

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2200867
Decision Date:	5/09/2022	Hearing Date:	03/16/2022
Hearing Officer:	Rebecca Brochstein	Record Open Date:	04/26/2022

Appearance for Appellant:



Appearances for MassHealth:

Jamie Lapa, Springfield 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:	Long-term care eligibility
Decision Date:	5/09/2022	Hearing Date:	03/16/2022
MassHealth's Rep.:	Jamie Lapa, Springfield MEC	Appellant's 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 a notice dated January 24, 2022, MassHealth denied the appellant's application for long-term care services for failure to provide requested verifications (Exhibit 1). The appellant filed this appeal in a timely manner on January 31, 2022 (130 CMR 610.015(B); Exhibit 2). On February 9, 2022, the Board of Hearings dismissed the appeal for failure to provide proper authorization (Exhibit 3). The appellant thereafter submitted the necessary documentation, and the dismissal was vacated (Exhibit 4). After hearing on March 16, 2022, the record was held open for additional evidence (Exhibits 7 and 8). Denial of benefits is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's long-term care application for failure to provide requested verifications.

Issue

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

Summary of Evidence

A representative from the Springfield MassHealth Enrollment Center appeared at the hearing telephonically and testified as follows: On December 1, 2021, a MassHealth long-term care application was filed on behalf of the appellant, who was a resident of a nursing facility. The application did not include information about the appellant's admission date or the requested coverage start date. On December 9, 2021, MassHealth sent a request for verifying documentation, with a due date of January 8, 2022. On January 24, 2022, MassHealth denied the application for failure to submit the necessary verifications. See Exhibit 1.

The denial notice sets forth the following missing information:

- Health Insurance Medical OTHER MBHP: Please verify if \$331 premium is for a single or family plan.
- [Account A¹]: Please submit statements from 1/1/20 through present. Statements must show owner's name, name of financial institution, account number and running balances. Please verify and explain all transactions of \$1000 or more.
- [Account B]: Please verify source of \$25,916.17 deposit on 6/14/21 and \$12,705 deposit on 3/9/21.
- [Account C]: Verify disposition of the following withdrawals: \$18,230 on 10/8/20, \$12,255 on 11/10/20, \$12,555 on 12/8/20, \$12,715 [on] 1/12/21, \$11,485 on 3/9/21, \$12,305 on 4/6/21, \$19,069.31 on 6/14/21. Verify source of \$7,652.24 deposit on 10/28/20.
- Completed Long-term Care Supplement
- Residence: Notification of admission to facility (SC-1)
- Nursing Facility Screening Notification

See Exhibit 1. The MassHealth representative testified that all of the information identified on the denial notice remains outstanding.

The appellant was represented by an attorney, who appeared telephonically. He stated that all of the requested verifications were sent to MassHealth in a FedEx package on January 6, 2022. He indicated that he would re-send the package to the Springfield MassHealth Enrollment Center.

The record was held open until March 23, 2022, for the appellant to submit the documents to the Springfield office, and until March 30, 2022, for the MassHealth case worker to review that documentation. On March 30, 2022, the MassHealth worker reported that she had received and reviewed the submission, and that a few things were still missing. She described them as follows:

- [Account A]: You have a note that states the bank says there are no statements for this account. The last verification we have is from 2019 and it had \$27512.89 in it. I need to know if the account was closed and where that money went if that is the case (I don't see why they wouldn't be able to provide a statement unless the account was closed)

¹ All of the referenced accounts were at the same bank.

- [Account B]: You have a note indicating that the \$25916.17 deposit is from the closeout of [Account C] and [Account D]. We have no record of [Account D] so I would need statements from that account from 1/1/20 through closing, verifying and explaining all transactions of \$1000 or more.
I also have no verification of the source of the \$12705 deposit.
- [Account C]: The \$19069.31 withdrawal was potentially deposited into [Account B] but unable to verify that until I receive statements from [Account D]. I've received no verification of source of \$7652.24 deposit on 10/28/20.

On March 31, 2022, the hearing officer responded to ask if the appellant's attorney had this information available. On April 8, 2022, having received no response, the hearing officer inquired if the missing information had been provided to MassHealth. The appellant's attorney responded apologetically, stating that he had "finally received a large stack of bank statements from the Appellant's son," and asking if he should "process the material and attempt to outline the transfers from the Appellant's various bank accounts or send the information directly to MassHealth." The MassHealth representative replied as follows: "If the transfers clearly indicate which account they went to (and it is a known account, already reported to MassHealth and owned by the applicant) then I can do it. Otherwise, I will ask you to outline the transfers and where they went." See Exhibit 8.

On April 25, 2022, the hearing officer wrote to the parties to inquire about the status of the missing verifications, and the MassHealth case worker responded that she had not received anything. The hearing officer then advised the parties that she was closing the record and would proceed to issue a decision on the case. See Exhibit 8.²

Findings of Fact

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

1. On December 1, 2021, a MassHealth long-term care application was filed on behalf of the appellant, who was a resident of a nursing facility. The application did not include information about the appellant's admission date or the requested coverage start date.
2. On December 9, 2021, MassHealth sent a request for verifying information, with a due date of January 8, 2022.
3. On January 24, 2022, MassHealth denied the application for failure to submit the necessary verifications.
4. The appellant filed a timely appeal on January 31, 2022. The Board of Hearings initially dismissed the appeal for missing authorization, but later vacated the dismissal after the

² The appellant's attorney responded to this email by stating that the appellant "died recently, as of the end of last week I believe. As such, the Appellant's estate has yet to be filed." See Exhibit 8.

necessary documentation was provided.

5. As of the hearing, MassHealth had not received any of the information listed on the denial notice. Among other things, the missing items included the following bank information:
 - a. Account A: Statements from 1/1/20 to the present, along with verification and explanation of all transactions of \$1,000 or more.
 - b. Account B: Verification of source of a \$25,916.17 deposit on 6/14/21, and a \$12,705 deposit on 3/9/21.
 - c. Account C: Verification of disposition of certain withdrawals (\$18,230 on 10/8/20, \$12,255 on 11/10/20, \$12,555 on 12/8/20, \$12,715 on 1/12/21, \$11,485 on 3/9/21, \$12,305 on 4/6/21, \$19,069.31 on 6/14/21); and verification of the source of a \$7,652.24 deposit on 10/28/20.
6. The record was held open until March 23, 2022, for the appellant's attorney to send the missing information, and until March 30, 2022, for the MassHealth case worker to review the submission.
7. On March 30, 2022, the MassHealth case worker reported that the appellant had not provided all of the needed bank information. She reported the following information was still missing:
 - a. Account A: Appellant provided no statements, relaying that the bank reported there were no statements for this account. As previous statements indicate this account contained \$27,512.89 as of 2019, MassHealth requires confirmation whether this account was closed and, if so, where the funds went.
 - b. Account B: Appellant did not provide verification of the \$12,705 deposit. As to the \$25,916.17 deposit, the appellant indicated it came from the closeout of Account C and Account D; however, MassHealth has no record of Account D. MassHealth requires statements of Account D from 1/1/20 to closing, with verifications of transactions of \$1,000 or more.
 - c. Account C: Appellant did not provide verification of the source of the \$7,652.24 deposit. As to the \$19,069.31 withdrawal, MassHealth again requires statements for Account D to verify whether this was deposited into Account B.
8. On March 31, 2022, the hearing officer wrote to the parties to ask if the appellant's attorney had available the information identified by the MassHealth representative. He did not respond.
9. On April 8, 2022, the hearing officer again inquired about the status. The appellant's

attorney responded that he had just received documentation from the appellant's son, and inquired of the MassHealth representative how best to provide it to her. The MassHealth representative provided further instructions.

10. On April 25, 2022, the hearing officer wrote to the parties to inquire about the status of the missing verifications, and the MassHealth case worker responded that she had not received anything.

Analysis and Conclusions of Law

Under 130 CMR 515.008(A), an applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility. After receiving an application, MassHealth requests all corroborative information necessary to determine eligibility. 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. If the requested information is received within 30 days of the date of the request, the application is considered complete. If it is not received within that time frame, MassHealth benefits may be denied. 130 CMR 516.001(C) and (D).

In this case, the record indicates that the appellant did not provide all of the needed verifications within the 30-day time frame. As of the hearing date, MassHealth still did not have any of the information on the denial notice. The record was held open for the appellant's attorney – who stated he had previously sent the information to MassHealth – to again submit the information to the MassHealth case worker. After receiving and reviewing the documentation sent by appellant's attorney, the MassHealth case worker found certain information was still missing; this included bank statements for Account A and Account D (which was newly disclosed during the record-open period), as well as verification of four other transactions that were identified on the denial notice. Though the appellant's attorney was given ample opportunity beyond the original record-open deadline to send this information to MassHealth, it was not provided.³ As such, MassHealth does not have sufficient information to make an eligibility determination.

This appeal is therefore denied.

Order for MassHealth

None.

³ To the extent it could have impacted the information-gathering process, there was also substantial time to comply with the request prior to the appellant's death, which is reported to have occurred sometime in mid-April.

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.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: Springfield MEC

