

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



**Appeal Decision:** Denied

**Appeal Number:** 2200960

**Decision Date:** 3/10/2022

**Hearing Date:** 03/08/2022

**Hearing Officer:** Patricia Mullen

**Appearance for Appellant:**




**Appearance for MassHealth:**

Patricia Rogers, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Verifications
<b>Decision Date:</b>	3/10/2022	<b>Hearing Date:</b>	03/08/2022
<b>MassHealth's Rep.:</b>	Patricia Rogers, Taunton MEC	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	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 December 24, 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 February 9, 2022<sup>1</sup>. (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

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

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<sup>1</sup> In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends;
  - All appeal hearings will be telephonic; and
  - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

## 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 his authorized representative. (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 October 5, 2021 seeking a MassHealth start date of September 14, 2021. Based on the SC-1 in the record, the appellant was admitted to the nursing facility on [REDACTED], [REDACTED] from the hospital. (Exhibit 6, p. 3). The MassHealth representative stated that MassHealth sent the appellant's representatives a Request for Information dated November 18, 2021, requesting verification of the bank account into which the appellant's Social Security income is deposited and statements for such account from November, 2020 to present, private pay and personal needs account (PNA) information from the nursing facility, and statements for bank account #1 for the period November, 2020 to present. (Exhibit 6, p. 6). The private pay and PNA information was submitted, but the appellant did not submit the requested bank statements and the application was denied by notice dated December 24, 2021. (Exhibits 1, 5). The December 24, 2021 denial notice was timely appealed and is at issue in this hearing. (Exhibits 1, 2).

The MassHealth representative stated bank account #1 is in the MassHealth system and was last listed in 2018 with a balance of \$1,813.60. The MassHealth representative stated that the requested statements are needed for this account. The MassHealth representative noted that if this account is closed, MassHealth needs the closing statement with the balance and to where such balance went. The MassHealth representative testified that she checked MassHealth's match with Social Security and can see that the appellant receives \$302.00 a month in Social Security for 2022 and received \$283.00 a month in 2021. The MassHealth representative stated that there is no error code listed and it appears that Social Security is disbursing the income to the appellant.

The MassHealth representative stated that the appellant was in a prior nursing facility and was discharged in [REDACTED].

Prior to the hearing, the appellant's representative submitted statements for bank account #2 for the period September, 2020 through January 7, 2022, and submitted these statements again on the date of hearing. (Exhibit 4). The MassHealth representative stated that she has these statements but needs the statements for bank account #1. The statements for bank account #2 show no deposits or withdrawals made for the period September, 2020 through January 7, 2022. (Exhibit 4).

The appellant's representative stated that she cannot locate bank account #1 and the bank told her there is no such account. The appellant's representative stated that neither she nor the appellant's

guardian know where the appellant's Social Security income is being deposited. The appellant's representative stated that the nursing facility was sold and the current owner has applied to be the representative payee of the appellant's Social Security income. The appellant's representative stated that she does not know if the appellant's previous nursing facility is receiving the appellant's Social Security income.

## Findings of Fact

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

1. The appellant applied for MassHealth on October 5, 2021 seeking a MassHealth start date of September 14, 2021.
2. The appellant was previously in a nursing facility until [REDACTED], and was admitted to the current nursing facility on [REDACTED].
3. MassHealth sent the appellant's representatives a Request for Information dated November 18, 2021, requesting verification of the bank account into which the appellant's Social Security income is deposited and statements for such account from November, 2020 to present, private pay and PNA information from the nursing facility, and statements for bank account #1 for the period November, 2020 to present; the requested bank statements were not submitted and the application was denied by notice dated December 24, 2021.
4. Bank account #1 is in the MassHealth system and was last listed in 2018 with a balance of \$1,813.60.
5. The appellant receives \$302.00 a month in Social Security for 2022 and received \$283.00 a month in 2021.

## 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 for the reason that 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 requested information as to where his Social Security income is being deposited nor did the appellant submit the requested statements for bank account #1 as requested in the MassHealth Request for Information dated November 18, 2021 and listed again in the denial notice dated December 24, 2021. The appellant has been in the nursing facility for over a year and it is concerning that his representatives do not know where his Social Security income is going. The appellant's representatives have had almost 4 months to submit the requested bank accounts to MassHealth and failed to do so. Verification of where the appellant's Social Security income is deposited and verification of bank account #1 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.

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Patricia Mullen  
Hearing Officer  
Board of Hearings

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