

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2201325
Decision Date:	4/20/2022	Hearing Date:	3/21/2022
Hearing Officer:	Sara E. McGrath		

Appearances for Appellant:



Appearances for MassHealth:

Trish Rogers, Taunton 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:	4/20/2022	Hearing Date:	3/21/2022
MassHealth Rep.:	Trish Rogers	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 24, 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 February 23, 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 8, 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 15, 2021, the appellant filed an application for MassHealth long-term care benefits, seeking a coverage start date of October 1, 2021. On January 24, 2022, MassHealth sent the appellant a denial notice because he did not submit all the information necessary to process his application (Exhibit 1). Specifically, MassHealth noted that the appellant receives a monthly Social Security benefit and thus must have a bank account. However, the appellant did not provide any bank information on his application and as of the date of hearing, had not submitted any bank statements. The appellant's representative appeared by telephone and explained that she was experiencing difficulties obtaining the requested information. Upon request, the hearing officer agreed to leave the record open until April 1, 2022 for the appellant to submit the outstanding verifications, and until April 8, 2022 for MassHealth to review and respond (Exhibit 3). Post-hearing, the appellant's representative notified the parties that the appellant had refused to provide the requested documentation (Exhibit 4).

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 15, 2021, seeking a coverage start date of October 1, 2021.
2. On January 24, 2022, MassHealth sent the appellant a denial notice because he did not submit all the information necessary to process his application.
3. Specifically, at the date of hearing, MassHealth was missing bank information.
4. Upon request, the hearing officer agreed to leave the record open until April 1, 2022 for the appellant to submit the outstanding verifications, and until April 8, 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: Taunton MassHealth Enrollment Center

[REDACTED]