

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2201405
Decision Date:	5/04/2022	Hearing Date:	03/25/2022
Hearing Officer:	Susan Burgess-Cox	Record Open to:	04/26/2022

Appearance for Appellant:



Appearance for MassHealth:

Evelyn Daniel



*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:	Eligibility
Decision Date:	5/04/2022	Hearing Date:	03/25/2022
MassHealth's Rep.:	Evelyn Daniel	Appellant's Rep.:	Jessica Burke
Hearing Location:	All parties Appeared by Telephone	Aid Pending:	No

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 25, 2022, MassHealth denied the appellant's application for long-term care benefits for failure to provide information necessary to determine eligibility. (130 CMR 516.001; Exhibit 1). The appellant's representative filed a timely appeal on February 23, 2022. (130 CMR 610.015; Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits for failure to provide information necessary to determine eligibility.

Issue

Whether MassHealth was correct in denying the appellant's application for failure to provide information necessary to determine eligibility.

Summary of Evidence

All parties appeared by telephone. Documents from MassHealth were incorporated into the hearing record as Exhibit 4. The request for hearing was signed by the appellant naming the party present at the hearing as an appeal representative. (Exhibit 2).

MassHealth received an application for long-term care in December 2021 seeking coverage for a date in November 2021. On December 21, 2021, MassHealth issued a notice seeking information necessary to determine eligibility on or before January 20, 2022. On January 3, 2022, MassHealth received some information from the appellant. Based on the receipt of this information as well as information the agency received through an asset verification system, MassHealth issued a second information request on January 3, 2022. This second request was seeking some of the same documents as well as new documents to verify information from at least 10 bank accounts not listed in the first information request.

The second information request utilized the same due date from the request issued in December 2021. This second request provided the appellant 17 days to produce documents related to 10 new accounts. The MassHealth representative acknowledged that this request included new documents and testified that the system would not allow her to issue a notice with a new due date for these new documents. The account information obtained through the asset verification system was not included on the application.

The appellant's representative responded that she was not aware of these 10 accounts at the time of the application. Upon receipt of the second information request, the appellant informed the representative that these were not his accounts. The appellant's representative did not dispute the fact that there was still information from the initial request that remained outstanding. The appellant's representative noted that the appellant was undergoing a medical review on the day of the hearing to see if the appointment of a conservator would be appropriate to assist with the MassHealth application process.

The appellant's representative testified that she has been trying to work with the appellant and his family to obtain the necessary information, but they have not been cooperative. The record was held open for the appellant's representative to provide additional evidence on the missing information and results of the assessment related to the possible appointment of a conservator. The appellant's representative did not present information listed on the first information request. Additionally, the appellant's representative did not produce additional evidence

related to the possible appointment of a conservator due to the appellant's state of mind.

Findings of Fact

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

1. MassHealth received an application for long-term care in December 2021 seeking coverage for a date in November 2021.
2. On December 21, 2021, MassHealth issued a notice seeking information necessary to determine eligibility.
3. After issuing this information request, MassHealth received information from an asset verification system about a new account.
4. On January 3, 2022, MassHealth received some information from the appellant.
5. On January 3, 2022, MassHealth issued a second information request seeking some of the same documents as well as those related to 10 accounts that the agency discovered through an asset verification system.
6. These 10 accounts were not listed on the application.
7. MassHealth provided the appellant 17 days to produce documents listed in the new information request, including those related to 10 newly discovered accounts.
8. As of the hearing date in March 2022, MassHealth had not received information necessary to determine eligibility listed in the first information request.
9. As of the end of a record open period in April 2022, MassHealth had not received information necessary to determine eligibility listed in the first information request.

Analysis and Conclusions of Law

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members. (130 CMR 515.002). The regulations governing MassHealth at 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for noninstitutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as defined by Title XIX of the Social Security Act and authorized by M.G.L. c. 118E, and certain Medicare beneficiaries. (130 CMR 515.002). The appellant in this case is an institutionalized person. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply to this case. (130 CMR 515.002).

Pursuant to 130 CMR 515.008, applicants or members must cooperate with MassHealth in providing information to establish and maintain eligibility and must comply with all of the rules and regulations governing MassHealth. MassHealth may request additional information and documentation, if necessary, to determine eligibility. (130 CMR 516.001).

To obtain the necessary information and documentation, MassHealth sends the applicant written notification requesting verifications to corroborate information necessary to determine eligibility, generally within five days of the receipt of the application. (130 CMR 516.001(B)). The notice must advise the applicant that the requested verifications 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(B)). If the requested information, with the exceptions of verification of immigration status, is not provided within 30 days of the date of the request, MassHealth benefits may be denied. (130 CMR 516.001(C)).

The following time standards apply to the verification of eligibility factors:

- (1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications.
- (2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.
- (3) A new application is required if a reapplication is not received within 30 days of the date of denial. (130 CMR 516.003(D)).

While the appellant initially received a proper information request, MassHealth issued a second request with the same due date and included new information in the request. While the agency has the right to request such information, the regulations require that the agency provide the member with proper notice of such a request. (130 CMR 516.001; 130 CMR 516.003). As stated above, the

notice allows an applicant 30 days of the date of the request to provide the information and notifies them of the consequences of failure to provide the information. (130 CMR 516.001(D)(2)).

While MassHealth took proper action initially, issuing a second information request with new information due less than 30 days from the date of the notice was not correct. Had the appellant provided information to satisfy the initial request, this appeal would be approved. However, as the appellant had not provided information necessary to complete the initial request, this 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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186