

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2201911
Decision Date:	5/3/22	Hearing Date:	04/11/2022
Hearing Officer:	Susan Burgess-Cox	Record Open to:	04/11/2022

Appearance for Appellant:



Appearance for MassHealth:

Cassandra Moura



*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:	5/3/22	Hearing Date:	04/11/2022
MassHealth's Rep.:	Cassandra Moura	Appellant's Rep.:	[REDACTED]
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 November 8, 2021, MassHealth denied the appellant's application for long-term care benefits for failure to provide information necessary to complete the application. (130 CMR 516.001; Exhibit 1). The appellant's representative filed a timely appeal on January 5, 2022 as MassHealth implemented new protocols to support public health efforts for both new MassHealth members and existing members that include providing individuals up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns. (130 CMR 610.015; Eligibility Op. Memo 20-09; Exhibit 2).

On March 15, 2022, the appellant's representative contacted the Board of Hearings regarding the status of the appeal as they had not received notice of a hearing. (Exhibit 2). In response to this message, the Board of Hearings discovered an error in processing the appeal and a hearing was scheduled for April 11, 2022. (Exhibit 3).

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 complete the application.

Issue

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

Summary of Evidence

All parties appeared by telephone. Documents from MassHealth were incorporated into the hearing record as Exhibit 4.

MassHealth received an application to convert from community-based coverage to long-term care in August 2021 seeking coverage for a date within that month. On September 27, 2021, MassHealth issued a notice seeking information necessary to complete the application. MassHealth did not receive all the information necessary to complete the application by the due date. Therefore, MassHealth issued the notice on appeal. (Exhibit 1; Exhibit 4). MassHealth received a new application on March 28, 2022 and issued a second information request on March 9, 2022.

The appellant's representative did not dispute the fact that there were still documents outstanding. The appellant's representative stated that he was expecting to receive the necessary information as of the close of business on the day of the hearing. The record was held open. No information was provided to MassHealth or the Board of Hearings during the record open period.

Findings of Fact

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

1. MassHealth received an application for long-term care in August 2021 seeking coverage as of a date in that same month.
2. On September 27, 2021, MassHealth issued a notice seeking information necessary to complete the application.
3. MassHealth did not receive all the information necessary to complete the

application by the due date.

4. On November 8, 2021, MassHealth denied coverage for failure to provide information necessary to complete the application.
5. As of the hearing date in April 2022, MassHealth had not received information necessary to complete the application.
6. As of the end of a brief record open period, MassHealth had not received information necessary to complete the application.

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, including recovery. 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 appellant's representative did not dispute the fact that the appellant received proper notices requesting information. (130 CMR 516.001). The

appellant's representative acknowledged at the hearing that the appellant had not provided all of the information requested by MassHealth.

The record was held open to give the appellant the opportunity to provide information necessary to complete the application. (Exhibit 6). During the record open period, MassHealth did not receive all the information necessary to determine eligibility.

MassHealth acted within its discretion to deny the appellant's application for long-term care coverage. (130 CMR 516.001(C)). The decision made by MassHealth was correct.

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: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

