

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2202045
Decision Date:	5/23/2022	Hearing Date:	4/19/2022
Hearing Officer:	Cynthia Kopka	Record Open to:	5/12/2022

Appearance for Appellant:



Appearance for MassHealth:

Jessica Adamiec, Taunton



*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:	5/23/2022	Hearing Date:	4/19/2022
MassHealth's Rep.:	Jessica Adamiec	Appellant's Rep.:	██████████
Hearing Location:	Taunton	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

By notice dated February 17, 2022, MassHealth denied Appellant's application for MassHealth because Appellant failed to submit required information. Exhibit 1. Appellant filed this appeal in a timely manner on March 18, 2022. Exhibit 2, 130 CMR 610.015(B). Denial of assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open through April 29, 2022 and extended to May 12, 2022 for Appellant's benefit. Exhibits 5, 7.

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth benefits because Appellant failed to submit required verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in denying Appellant's application for failure to provide requested verifications.

Summary of Evidence

A MassHealth eligibility representative appeared by telephone and testified as follows. MassHealth received Appellant's first application for benefits on November 15, 2021. The application indicated that Appellant was applying for long-term care benefits. Exhibit 4 at 1. The denial is based on a

January 4, 2022 reapplication date. *Id.* at 14. On January 11, 2022, MassHealth requested information from Appellant for the long term care application via a VC-2 form. *Id.* at 2-3. This request for information was based on a long-term care application and therefore was a more extensive request than for an application for community benefits. It was unclear based on the submission whether the nursing facility was seeking coverage for Appellant's recent admission, as the incomplete SC-1 submitted by the nursing facility indicated that Appellant had been discharged from the facility. The MassHealth representative confirmed with Appellant's representative that Appellant does not require coverage for the long-term care stay. Appellant's representative confirmed that the nursing facility is not looking for coverage and that the application should be treated as one for community benefits. Appellant was never seeking long-term care and only seeks community benefits.

Having clarified that the present application is for community MassHealth benefits, MassHealth sought the following information: bank statements for Appellant's accounts ending in [REDACTED] and [REDACTED] for December 2021 and January 2022 and the registration for Appellant's car.

Appellant's representative testified that the family sold Appellant's car. MassHealth requested written confirmation of this, including the bank statement showing where the funds were deposited and either the bill of sale or an attested statement from Appellant's representative. Appellant's representative testified that the car was sold in February 2022 for \$5,000. The funds were deposited into Appellant's checking account. Appellant's representative confirmed that she would provide the vehicle attestation and the December and January bank statements for the two bank accounts.

The hearing record was held open through April 22, 2022 for Appellant's representative to submit the outstanding information and through April 29, 2022 for MassHealth to review and respond. The parties agreed to correspond through email. Exhibit 5. Appellant's representative sent emails on April 20, 2022 and April 26, 2022, but each of these only forwarded the document regarding the car. Exhibit 6. Neither MassHealth nor the hearing officer received the bank statements by email. The hearing record was extended through May 5, 2022 to give time for Appellant's representative to fax the documents. Exhibit 7 at 2. On April 28, 2022, Appellants' representative responded that she had faxed the documents. *Id.* Neither MassHealth nor the hearing officer received the bank statements by fax. Appellant's representative did not respond to multiple emails from both MassHealth and the hearing officer inquiring further. Exhibits 7 and 8.

Findings of Fact

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

1. On November 15, 2021, MassHealth received Appellant's first application for benefits on November 15, 2021. The application indicated that Appellant was applying for long-term care benefits. Exhibit 4 at 1.
2. MassHealth re-apped Appellant's application on January 4, 2022. *Id.* at 14.

3. On January 11, 2022, MassHealth requested information from Appellant for the long term care application via a VC-2 form. The requested information on the VC-2 form included a copy of Appellant's vehicle registration and bank statements for Appellants two bank accounts from September 1, 2020 through August 31, 2021. *Id.* at 2-3.
4. On February 17, 2022, MassHealth denied Appellant's application for failure to provide information. Exhibit 1.
5. Appellant filed this appeal on March 18, 2022. Exhibit 2.
6. At hearing, after confirmation from Appellant's representative that Appellant was only seeking community benefits, MassHealth testified that Appellant would only have to submit the verifying information for the car and bank statements for the two bank accounts from December 2021 through January 2022.
7. The hearing record was held open through April 22, 2022 for Appellant's representative to submit the outstanding information and through April 29, 2022 for MassHealth to review and respond. The parties agreed to correspond through email. Exhibit 5.
8. Appellant's representative forwarded the document regarding the car, but neither MassHealth nor the hearing officer received the bank statements by email. Exhibit 6.
9. The hearing record was extended through May 5, 2022 to give time for Appellant's representative to fax the documents. Exhibit 7.
10. On April 28, 2022, Appellants' representative responded that she had faxed the documents. Neither MassHealth nor the hearing officer received the bank statements by fax. Appellant's representative did not respond to multiple emails from both MassHealth and the hearing officer inquiring further. Exhibits 7 and 8.
11. To date, MassHealth has not received bank statements from Appellant's two bank accounts for December 2021 through January 2022.

Analysis and Conclusions of Law

An individual applying for MassHealth long term care benefits (or the individual's authorized representative) must submit a complete application and all required supplements. 130 CMR 516.001(A)(1). Pursuant to 130 CMR 515.008(A), an "applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility." After receiving an application for MassHealth benefits, MassHealth proceeds as follows:

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 the 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(B). “If the requested information...is received [by MassHealth] within 30 days of the date of the request, the [application] is considered complete...If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied” 130 CMR 516.001(C).

Here, MassHealth received a long-term care application for Appellant and issued a VC-2 information request on January 11, 2022 requesting, *inter alia*, bank statements and information on Appellant’s car. The information request was over-inclusive due to the application being misfiled as a long term care application. When MassHealth confirmed at hearing that Appellant was only seeking community benefits, MassHealth limited the amount of information needed to make an eligibility determination for community benefits. However, Appellant failed to comply with the request for information despite the record open period and extension granted on Appellant’s behalf. The deadline for Appellant to submit the remaining verifications, May 5, 2022, was 114 days after MassHealth issued the VC-2 request on January 11, 2022.

Appellant has not met the requirements of 130 CMR 515.008(A) and 130 CMR 516.001(C) by providing the corroborative information necessary for MassHealth to determine eligibility. Accordingly, 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.

Cynthia Kopka
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

Policy Implementation Unit 7th fl. Rm 7004

