

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |                 |                       |           |
|-------------------------|-----------------|-----------------------|-----------|
| <b>Appeal Decision:</b> | Denied          | <b>Appeal Number:</b> | 2202141   |
| <b>Decision Date:</b>   | 8/16/2022       | <b>Hearing Date:</b>  | 4/25/2022 |
| <b>Hearing Officer:</b> | Sara E. McGrath |                       |           |

**Appearances for Appellant:**

, Appellant's Daughter

**Appearances for MassHealth:**

Maryellen Aspden, 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

|                          |                               |                        |               |
|--------------------------|-------------------------------|------------------------|---------------|
| <b>Appeal Decision:</b>  | Denied                        | <b>Issue:</b>          | Verifications |
| <b>Decision Date:</b>    | 8/16/2022                     | <b>Hearing Date:</b>   | 4/25/2022     |
| <b>MassHealth Rep.:</b>  | Maryellen Aspden              | <b>Appellant Rep.:</b> | Daughter      |
| <b>Hearing Location:</b> | Board of Hearings<br>(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 February 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 March 21, 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, with extension until July 29, 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 January 12, 2022, the appellant filed an application for MassHealth long-term care benefits. On February 24, 2022, MassHealth sent the appellant a denial notice because he did not submit all the information necessary to process his application (Exhibit 1). The MassHealth representative stated that the appellant submitted some of the requested documentation, but not all. MassHealth identified the following information as outstanding as of the date of hearing:

- Tufts: monthly premium (current 3/22 or 4/22; received copy of card).
- Annuity: [REDACTED] (received 2021 distribution from pension, retirement, or profit-sharing plan, IRA's, insurance contract).

Show distribution as \$3380.47 with deductions of taxable amount, federal income tax, state tax withheld, employee contribution/designated Roth contributions or insurance premium of \$3013.69.

\*please provide income from annuity company (gross and deductions). If a purchased investment annuity: provide contract, application, completed ANN-3 form & show Commonwealth of Mass as a beneficiary.

- Annuity: [REDACTED]

For each: provide income from annuity company: gross received & deductions.

If a purchased annuity: provide contract (showing contract #, name of owner, name of annuitant, amount contract was purchased for, date of purchase, amount of payment & frequency, completed ANN-3 form & show Commonwealth of Mass. as beneficiary.

- Real estate [REDACTED]

Tax bill from time of transfer Nov. 2019 showing 100% of property valuation

- SC-1
- Medical screening

\*please note will need: [REDACTED] direct withdrawal \$67.00 from acct #4767

If life insurance: show policy #, name of owner, name of insured, face value & current cash surrender value.

(Exhibit 3, p. 4).

The appellant's daughter appeared at the hearing by telephone and testified to difficulties obtaining some of the requested documentation. She stated that her father currently lives in the community, but that he needs to be admitted into a nursing facility.<sup>1</sup> She noted that the appellant receives a monthly pension from a different company [REDACTED] and she stated she would submit verification of this pension to MassHealth. She believes that the [REDACTED] annuity has been surrendered. She explained that the real estate referenced above is no longer owned by the appellant; his girlfriend stole the property from him and then died six months later. Upon request, the hearing officer left the record open for the appellant's representative to submit the remaining outstanding documentation (Exhibit 4).

The appellant's representative submitted many of the outstanding verifications following the hearing, but was notified by the MassHealth representative that she still needed to submit documentation regarding the Athene annuity, as well as documentation verifying the [REDACTED] direct withdrawal of \$67.00 (Exhibit 5). Despite an additional extension of the record-open period, the appellant's representative did not submit the remaining documentation (Exhibit 5).

### **Findings of Fact**

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

1. The appellant resides in the community.
2. On January 12, 2022, the appellant filed an application for MassHealth long-term care benefits.
3. On February 24, 2022, MassHealth sent the appellant a denial notice because he did not submit all the information necessary to process his application.
4. At a fair hearing held on April 25, 2022, MassHealth submitted a list of all of the missing documentation; this list was sent to the appellant's representative following the hearing.
5. Upon request, the hearing officer agreed to leave the record open following the hearing to allow the appellant time to submit the outstanding verifications.
6. During the record-open period, the appellant's representative submitted most of the outstanding information, but did not submit the requested documentation regarding the [REDACTED] annuity or the [REDACTED] direct withdrawal of \$67.00

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<sup>1</sup> The MassHealth representative stated that because the appellant does not currently reside in a nursing facility, the nursing facility documents (SC-1 and medical screening) do not need to be submitted.

## **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.

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Sara E. McGrath  
Hearing Officer  
Board of Hearings

cc: Taunton MassHealth Enrollment Center

[REDACTED]