

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2203391
<b>Decision Date:</b>	8/2/2022	<b>Hearing Date:</b>	06/23/2022
<b>Hearing Officer:</b>	Alexis Demirjian	<b>Record Open to:</b>	08/01/2022

**Appearance for Appellant:**




**Appearance for MassHealth:**

Tamika Eustay



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Verifications
<b>Decision Date:</b>	8/2/2022	<b>Hearing Date:</b>	06/23/2022
<b>MassHealth's Rep.:</b>	Tamika Eustay Patricia Rogers	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Taunton MassHealth Remote	<b>Aid Pending:</b>	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 April 13, 2022, MassHealth denied the appellant's application for MassHealth benefits because she did not submit the information it needed to decide she eligibility within the required time frame. (see 130 CMR 515.008 and Exhibit 1). The appellant filed this appeal in a timely manner on May 2, 2022 (see 130 CMR 610.015(B) and Exhibit 2).<sup>1</sup> Denial of an application or request for assistance, or the right to apply or reapply for such assistance is valid grounds for appeal (see 130 CMR 610.032 (A)(1)).

---

<sup>1</sup> In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends;
  - All appeal hearings will be telephonic; and
  - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

## **Action Taken by MassHealth**

MassHealth notified Appellant that he is not eligible for MassHealth benefits because he did not submit the information it needed to decide his eligibility for within the required time frame.

## **Issue**

Whether MassHealth was correct in denying Appellant's application for MassHealth benefits?

## **Summary of Evidence**

A MassHealth representative appeared at the hearing and testified as follows: On February 23, 2022, MassHealth received a long-term care application on behalf of Appellant. On April 13, 2022, MassHealth denied the application for failure to provide all the requested verifications. As of the date of the hearing, the remaining missing verifications were value/proof of vehicle and where proceeds from the sale of vehicle were deposited, Bank Account A, Bank Account B, and Bank Account C statements from 12/1/20 until present, will/probate documents, information related to Property A, information related to Insurance Policy A and Insurance Policy B including face and cash surrender values of those policies.

Appellant's representatives appeared at the hearing by telephone and stated that they were trying to obtain information related to the property and probate, thus the Appellant's representative requested additional time to try to obtain the missing verifications. Pursuant to Appellant's request, the record was left open until July 25, 2022, for Appellant to produce the missing verifications and until August 1, 2022, for MassHealth to respond.

On July 26, 2022, the MassHealth representative indicated that she had not received the outstanding verifications related to the value of the vehicle and proof of where proceeds were deposited, information related to Insurance Policy B, Bank Account C. The Appellant did provide a letter from the Bank however it did not include an account number, nor did it state that the Bank Account C does not exist.

At no time did the Appellant's representatives request an extension of the record open period. On July 27, 2022, after the close of business, an email was sent to the MassHealth representative along with an acknowledgement that there were still outstanding verifications.

## **Findings of Fact**

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

1. On February 23, 2022, Appellant filed an application for MassHealth long-term-care benefits. (Testimony; Exhibit 4).
2. On March 3, 2022, MassHealth sent the Appellant a request for information, specifically the Appellant was asked to provide value/proof of vehicle and where proceeds from the sale of vehicle were deposited, Bank Account A, Bank Account B, and Bank Account C statements from 12/1/20 until present, will/probate documents, information related to Property A, information related to Insurance Policy A and Insurance Policy B including face and cash surrender values of those policies.
3. Mass Health requested the verifications be submitted by April 4, 2022. (Testimony; Exhibit 4)
4. The Appellant failed to submit the verifications on or before April 4, 2022. (Testimony, Exhibit 4).
5. On April 13, 2022, MassHealth denied Appellant's long-term care application for failure to provide all the requested verifications. (Testimony; Exhibit 1).
6. As of the date of the hearing, MassHealth had still not received the required verifications. (Testimony).
7. The record was left open until July 25, 2022, for Appellant to produce the missing verifications and until August 1, 2022, for MassHealth to respond. (Exhibit 7).
8. On July 26, 2022, the MassHealth representative indicated that she had not received all the documents related to the outstanding verification request. (Exhibit 7).
9. On July 27, 2022, the MassHealth representative forwarded an email to the Board of Hearings from the Appellant's representative in which the representative acknowledged that there were still outstanding verifications. (Exhibit 8).

## **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. See 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.

In the present case, Appellant was granted a post-hearing record open period to produce the outstanding information. Despite the additional time, Appellant did not submit the required documentation. Therefore, the action taken by MassHealth was within the regulations. See 130 CMR 516.001.

Accordingly, the appeal is DENIED.

---

Alexis Demirjian  
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

Appellant Representative: [REDACTED]