

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|------------------|------------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2203784 |
| Decision Date: | 7/12/2022 | Hearing Date: | 06/13/2022 |
| Hearing Officer: | Alexis Demirjian | Record Open to: | 7/8/2022 |

Appearance for Appellant:



Appearance for MassHealth:

Elizabeth Landry



*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

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|---------------------------|--|--------------------------|---------------|
| Appeal Decision: | Denied | Issue: | Verifications |
| Decision Date: | 7/12/2022 | Hearing Date: | 06/13/2022 |
| MassHealth's Rep.: | Elizabeth Landry | Appellant's Rep.: | |
| Hearing Location: | Taunton MassHealth Enrollment Center Remote | 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 April 21, 2022, MassHealth denied the appellant's application for MassHealth benefits because he did not submit the information it needed to decide his 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 18, 2022 (see 130 CMR 610.015(B) and Exhibit 2). 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)).

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 March 7, 2022, MassHealth received a long-term care application on behalf of Appellant. On April 21, 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 banking statements for the time period of January 21, 2022, through February 28, 2022, for the Appellant's checking and savings account.

Appellant's representative appeared at the hearing by telephone and stated that he has had no cooperation with Appellant's family, 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 1, 2022, for Appellant to produce the missing verifications and until July 8, 2022, for MassHealth to respond.

On July 5, 2022, the MassHealth representative indicated that she had not received the outstanding verifications.¹

Findings of Fact

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

1. On March 7, 2022, Appellant filed an application for MassHealth long-term-care benefits. (Testimony; Exhibit 4).
2. On March 15, 2022, MassHealth sent the Appellant a request for information, specifically the Appellant was asked to provide copies of statements from January 1, 2021 – February 28, 2022, including receipts for all transactions over \$1500 for the Appellant's checking and savings account (Testimony; Exhibit 4).
3. Mass Health requested the verifications be submitted by April 14, 2022. (Testimony; Exhibit 4)
4. The Appellant failed to submit the verifications on or before April 14, 2022. (Testimony, Exhibit 4).
5. On April 21, 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 Appellant's bank statements for the period of January 1, 2021 – February 28, 2022. (Testimony).
7. The record was left open until July 1, 2022, for Appellant to produce the missing verifications and until July 8, 2022, for MassHealth to respond. (Exhibit 5).

¹ The Appellant's representative was included on MassHealth's email. The Appellant representative did not respond to MassHealth's email, nor did he submit a request for an extension of the Record Open Period.

8. On July 5, 2022, the MassHealth representative indicated that she had not received the documents related to the outstanding verification request. (Exhibit 5).

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 related to the checking and savings account. Therefore, the action taken by MassHealth was within the regulations. See 130 CMR 516.001.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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]