

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2204146

Decision Date: 8/2/2022

Hearing Date: 07/01/2022

Hearing Officer: Alexis Demirjian

Record Open to: 07/29/2022

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

Appeal Decision:	Denied	Issue:	Missing Verifications
Decision Date:	8/2/2022	Hearing Date:	07/01/2022
MassHealth's Rep.:	Elizabeth Landry	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton MassHealth 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 20, 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 June 1, 2022 (see 130 CMR 610.015(B) and Exhibit 2).¹ 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

¹ 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.

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 24, 2022, MassHealth received a long-term care application on behalf of Appellant. On April 20, 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 the spouse's date of birth, and bank statements for Bank Account A, Bank Account B, Bank Account C, Bank Account D and Bank Account E for the time period of July 1, 2019, until the present.

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 26, 2022, the MassHealth representative indicated that she had not received the outstanding verifications.²

Findings of Fact

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

1. On February 24, 2022, Appellant filed an application for MassHealth long-term-care benefits. (Testimony; Exhibit 4).
2. On March 14, 2022, MassHealth sent the Appellant a request for information, specifically the Appellant was asked to provide copies of statements from January 1, 2019 – current, including receipts for all transactions over \$1500 for the Appellant's Bank Account A, Bank Account B, Bank Account C, Bank Account D, Bank Account E and the date of birth of the Appellant's spouse.

² 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.

3. Mass Health requested the verifications be submitted by April 13, 2022. (Testimony; Exhibit 4)
4. The Appellant failed to submit the verifications on or before April 13, 2022. (Testimony, Exhibit 4).
5. On April 20, 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, 2019 - present. (Testimony).
7. The record was left open until July 22, 2022, for Appellant to produce the missing verifications and until July 29, 2022, for MassHealth to respond. (Exhibit 5).
8. On July 26, 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 date of birth for the Appellant's spouse, nor the information for Bank Account A, Bank Account B, Bank Account C, Bank Account D, Bank Account E. 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]
[REDACTED]