

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2207877

Decision Date: 12/9/2022

Hearing Date: 11/16/2022

Hearing Officer: Patricia Mullen

Record Open to: 11/30/2022

Appearance for Appellant:



Appearance for MassHealth:

Gabe Gillis, Tewksbury MEC



*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:	Verifications
Decision Date:	12/9/2022	Hearing Date:	11/16/2022
MassHealth's Rep.:	Gabe Gillis, Tewksbury MEC	Appellant's Rep.:	Medicaid specialist, nursing facility
Hearing Location:	Charlestown MassHealth Enrollment Center (remote)		

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 September 22, 2022, MassHealth denied the appellant's application for MassHealth Standard benefits for long term care residents because MassHealth determined that the appellant failed to submit requested verifications within the required time frame. (see 130 CMR 516.001 and Exhibit 1). The appellant filed this appeal in a timely manner on October 21, 2022. (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth Standard for long term care residents.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant failed to submit requested verifications within the required time frame.

Summary of Evidence

The appellant was represented telephonically at the hearing by his authorized representative, a Medicaid specialist from the nursing facility. (Exhibit 2). MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Tewksbury. The MassHealth representative testified that the appellant is a single individual who was admitted to the nursing facility on [REDACTED]. The MassHealth representative noted that the nursing facility submitted an SC-1 requesting a MassHealth start date of April 10, 2020. On February 12, 2020, MassHealth sent the appellant a request to submit a long term care application and supplement, and financial verifications. (Testimony). The appellant did not submit the long term care application, supplement, or financial verifications and MassHealth again sent a request for such on October 6, 2020. (Testimony). The MassHealth representative stated that the appellant submitted a MassHealth long term care application on February 22, 2022; the application was denied by notice dated April 11, 2022 for failure to timely submit requested verifications. The MassHealth representative stated that the appellant appealed the April 11, 2022 denial notice and a hearing was held in June, 2022. The record was kept open for a month, but the appellant did not submit verifications and the appeal was withdrawn pursuant to a form signed at hearing. (Testimony). The MassHealth representative stated that the appellant submitted a second MassHealth long term care application on August 1, 2022. MassHealth sent the appellant an Information Request dated August 10, 2022. (Testimony). MassHealth determined that the requested verifications were not timely submitted and the appellant's application was denied by notice dated September 22, 2022. (Exhibit 1). The September 22, 2022 denial notice was timely appealed and is at issue in this hearing. (Exhibits 1, 2).

The MassHealth representative stated that the following verifications remain outstanding: proof of where the appellant's Social Security income has been deposited since February, 2021; bank statements for all financial accounts from February, 2021 to present; documentary support for all deposits and disbursements since February, 2021; personal needs account statement; and private pay history statement. (Exhibit 4). The MassHealth representative provided the bank name and account number of one bank account of which MassHealth is aware.

The appellant's representative stated that the appellant's family dynamic is difficult and they are hesitant to provide information. The appellant's representative stated that he sent a request for financial records to the appellant's bank the week prior to hearing. The appellant's representative noted that the Social Security income is not going to the nursing facility. The appellant's representative stated that he can provide the personal needs account statement and private pay history.

The record was left open for two weeks, until November 30, 2022, to give the appellant's representative the opportunity to submit the private pay history and personal needs account statement from the nursing facility, the request for financial information sent to the bank, and the bank statements from February, 2021 to present with the requested explanations. (Exhibit 5). Within the record open period, the appellant's representative submitted a note from the nursing facility stating that the appellant does not have a personal needs account at the facility and has not paid anything to the nursing facility. (Exhibit 6, p. 3). The appellant's representative also submitted

a MassHealth Financial Information Request form sent to the bank on November 7, 2022. (Exhibit 6). The form does not have the full bank account number listed. (Exhibit 6, p. 2). Nothing else was received during the record open period or as of the date of this decision.

Findings of Fact

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

1. The appellant is a single individual who was admitted to the nursing facility on [REDACTED] the nursing facility submitted an SC-1 requesting a MassHealth start date of April 10, 2020.
2. On February 12, 2020 and again on October 6, 2020, MassHealth sent the appellant a request to submit a long term care application and supplement, and financial verifications.
3. The appellant submitted a MassHealth long term care application on February 22, 2022; the application was denied by notice dated April 11, 2022 for failure to timely submit requested verifications.
4. The appellant appealed the MassHealth April 11, 2022 denial notice and a hearing was held in June, 2022; the record was kept open for a month, but the appellant did not submit verifications and the appeal was withdrawn pursuant to a form signed at hearing.
5. The appellant submitted a second MassHealth long term care application on August 1, 2022.
6. MassHealth sent the appellant an Information Request dated August 10, 2022.
7. The requested verifications were not timely submitted and the appellant's application was denied by notice dated September 22, 2022.
8. The September 22, 2022 denial notice was timely appealed and is at issue in this hearing.
9. As of the date of hearing, the following verifications remained outstanding: proof of where the appellant's Social Security income has been deposited since February, 2021; bank statements for all financial accounts from February, 2021 to present; documentary support for all deposits and disbursements since February, 2021; personal needs account statement; and private pay history statement.
10. MassHealth is aware of one of the appellant's bank accounts and provided the bank name and account number to the appellant's representative.
11. The record was left open to give the appellant the opportunity to submit the missing verifications.

12. During the record open period, the appellant's representative submitted a note from the nursing facility stating that the appellant does not have a personal needs account at the facility and has not paid anything to the nursing facility; the appellant's representative also submitted a MassHealth Financial Information Request form sent to the bank on November 7, 2022; the Financial Information Request form does not have the full bank account number listed.

Analysis and Conclusions of Law

Application for Benefits

(A) Filing an Application.

(1) Application. To apply for MassHealth

- (a) for an individual living in the community, an individual or his or her authorized representative must file a complete paper Senior Application and all required Supplements or apply in person at a MassHealth Enrollment Center (MEC); or
- (b) for an individual in need of long-term-care services in a nursing facility, a person or his or her authorized representative must file a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC).

(2) Date of Application.

- (a) The date of application is the date the application is received by the MassHealth agency.
- (b) An application is considered complete as provided in 130 CMR 516.001(C).
- (c) If an applicant described in 130 CMR 519.002(A)(1) has been denied SSI in the 30-day period before the date of application for MassHealth, the date of application for MassHealth is the date the person applied for SSI.

(3) Paper Applications or In-person Applications at the MassHealth Enrollment Center (MEC) — Missing or Inconsistent Information.

- (a) If an application is received at a MassHealth Enrollment Center or MassHealth outreach site and the applicant did not answer all required questions on the Senior Application or if the Senior Application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.
- (b) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.
- (c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the notice, referenced in 130 CMR 516.001(A)(3)(b), the MassHealth agency will request any corroborative information necessary to determine eligibility, as provided in 130 CMR 516.001(B) and (C).
- (d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referenced in 130 CMR 516.001(A)(4)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response is received, provided that if the required response is submitted more than one year after

the initial incomplete application, a new application must be completed.
(e) Inconsistent answers are treated as unanswered.

(B) Corroborative Information. 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 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.

(C) Receipt of Corroborative Information. 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.

(130 CMR 516.001).

The hearing officer may not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. The effective date of any adjustments to the appellant's eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.

(130 CMR 610.071(A)(2)).

The appellant did not submit the requested information as to where his Social Security income is being deposited nor did the appellant submit the requested statements for his bank account(s) with explanations of deposits and withdrawals. The appellant has been in the nursing facility for almost 3 years and it is concerning that no verification of where his Social Security income is going has been submitted. The appellant's February 22, 2022 MassHealth application was denied in April, 2022 for failure to submit requested verifications. A hearing was not held until 2 months later in June, 2022, but even at that time the verifications were still missing. Even after a record open period to July, 2022, the verifications were not submitted. The hearing for his appeal was held almost 9 months after the appellant submitted the MassHealth application and almost 3 years after his admission to the nursing facility, and still the requested financial verifications have not been submitted. The MassHealth Financial Information Request was purportedly sent to the appellant's bank on November 7, 2022. There is no evidence that a request was made earlier than this date. The form does not have the full bank account number on it. The appellant and his representative have had over 9 months to submit the requested bank accounts to MassHealth and failed to do so. In fact, MassHealth has been requesting financial information since 2020. No reason was given for the failure to submit requested information other than the family dynamic is difficult. Verification of where the appellant's Social Security income is deposited and verification of bank accounts remain outstanding. MassHealth's action

in denying the appellant's application for failure to submit requested verifications in a timely manner is upheld and 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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Jennifer Vitt, Charlestown MassHealth Enrollment Center
[REDACTED]