

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|------------------|------------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2207957 |
| Decision Date: | 1/17/2023 | Hearing Date: | 11/25/2022 |
| Hearing Officer: | Kimberly Scanlon | Record Open to: | 1/5/23 |

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: | 1/17/2023 | Hearing Date: | 11/25/2022 |
| MassHealth's Rep.: | Elizabeth Landry | Appellant's Rep.: | |
| Hearing Location: | Remote (telephone) | 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 September 20, 2022, MassHealth notified the Appellant that he was not eligible for MassHealth long-term care benefits because he did not submit the information needed by MassHealth to decide his eligibility within the required time frame. (See, Exhibit 1; 130 CMR 515.008). The Appellant filed this appeal in a timely manner on October 25, 2022. (See, Exhibit 2; 610.015(B)). Denial of assistance is valid grounds for appeal (See, 130 CMR 610.032). A hearing was conducted on November 25, 2022. (See, Exhibit 3.) At the conclusion of the hearing, the record was left open until January 5, 2023 for the Appellant to submit additional evidence.

Action Taken by MassHealth

MassHealth notified the Appellant that he is not eligible for MassHealth benefits because he did not submit the information it needed 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 long-term care benefits.

Summary of Evidence

A MassHealth representative appeared at the hearing via telephone and testified as follows: On March 7, 2022, MassHealth received a long-term care application on behalf of the Appellant. On April 21, 2022, MassHealth denied the request for failure to receive all verifications. The Appellant appealed the denial and the record was left open for the Appellant to submit said verifications. On July 12, 2022, the appeal was denied as MassHealth did not receive the requested verifications. On August 3, 2022, MassHealth received a reapplication on behalf of the Appellant. On August 12, 2022, MassHealth sent a request of information to the Appellant. (See, Ex. 4, pp. 8, 9). On September 20, 2022, MassHealth sent the Appellant a second denial because it had not received any of the verifications within the requested timeframe. (See, Ex.1; Ex. 4, p. 10). As of the hearing date, the following verifications were still outstanding:

- Bank statements from two (2) different bank accounts.

(See, Ex. 4, p. 4).

The Appellant's representative appeared at the hearing by telephone and testified that a Power of Attorney was appointed for the Appellant. After said appointment, the Appellant's representative received some, but not all of the banking statements on behalf of the Appellant. However, the Appellant's Power of Attorney stopped showing up for meetings with the facility. The Appellant's representative further testified that the facility tried to have a Conservator appointed on behalf of the Appellant but it became a legal issue due to the recent appointment of the Appellant's Power of Attorney. Accordingly, the Appellant does not have any family members residing within the community to assist, nor is the Appellant himself able to assist in obtaining the outstanding verifications. The record was left open until January 5, 2023 for the Appellant to submit the outstanding verifications to MassHealth. (See, Ex. 5). The MassHealth representative requested the banking statements that the Appellant's representative had received thus far. At the close of business on January 5, 2023, the MassHealth representative responded that MassHealth did not receive any of the outstanding verifications and therefore did not have the necessary information to determine the Appellant's MassHealth eligibility.

Findings of Fact

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

1. On March 7, 2022, MassHealth received a long-term care application on behalf of the Appellant.
2. On April 21, 2022, MassHealth denied the request for failure to receive all verifications.
3. The Appellant appealed said denial and the record was left open for the Appellant to submit the outstanding verifications.
4. On July 12, 2022 that appeal was denied as MassHealth did not receive the requested

verifications within the record open period.

5. On August 3, 2022 MassHealth received a reapplication on behalf of the Appellant.
6. On August 12, 2022, MassHealth sent a request of information to the Appellant.
7. On September 20, 2022, MassHealth sent the Appellant a second denial because it had not received the outstanding verifications within the requested timeframe.
8. As of the hearing date, the following verifications were still outstanding: bank statements from two (2) bank accounts.
9. Following the hearing, the record was left open until January 5, 2023 for the Appellant to submit the outstanding verifications to MassHealth.
10. At the close of business on January 5, 2023, the MassHealth representative responded that MassHealth did not receive any of the outstanding verifications and therefore did not have the necessary information to determine the Appellant's eligibility.

Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance. (See, 130 CMR 515.008).

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 516.0019(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.

130 CMR 516.002 sets forth the process for reactivating an application after denial and provides as follows:

The MassHealth agency will reactivate the application after a denial of eligibility for failure to provide the requested verifications.

- (A) If the requested information is received within 30 days of the date of denial, the date of receipt of one or more of the verifications is considered the date of reapplication.
- (B) The date of reapplication replaces the date of the denied application. The applicant's earliest date of eligibility for MassHealth is based on the date of reapplication.
- (C) If a reapplication is subsequently denied and not appealed, the applicant must submit a new application to pursue eligibility for MassHealth. The earliest date of eligibility for MassHealth is based on the date of the new application.

In the present case, the Appellant was granted a post-hearing record open period to produce the outstanding information pertaining to the reapplication received by MassHealth. Despite the additional time, the Appellant did not submit the outstanding information, specifically, bank statements. Without this information, MassHealth is unable to make a determination regarding the Appellant's financial eligibility. Therefore, the action taken by MassHealth was within the regulations. See, 130 CMR 516.001. This 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.

Kimberly Scanlon
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

[REDACTED]