

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2208121
Decision Date:	07/26/2023	Hearing Date:	11/29/2022
Hearing Officer:	Kimberly Scanlon	Record Open to:	02/24/2023

Appearance for Appellant:
Via telephone



Appearance for MassHealth:
Via telephone
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:	Verifications
Decision Date:	07/26/2023	Hearing Date:	11/29/2022
MassHealth's Rep.:	Elizabeth Landry	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton MassHealth Enrollment Center Room 3 (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 October 5, 2022, MassHealth notified the Appellant that she was not eligible for MassHealth long-term care benefits because she did not submit the information it needed to decide her eligibility within the required timeframe. (See, 130 CMR 515.008; Exhibit 1). The Appellant filed this appeal in a timely manner on October 31, 2022. (See, 130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (See, 130 CMR 610.032). At the conclusion of the hearing, the record was left open until December 29, 2022¹ for the Appellant to submit additional evidence.

Action Taken by MassHealth

MassHealth notified the Appellant that she is not eligible for MassHealth benefits because she did not submit the information it needed to determine her eligibility within the required time frame.

¹ There were subsequent requests received from the Appellant to (further) extend the record open period, all of which were granted, throughout the months of January and February of 2023. (See, Exhibit 6, pp. 1-12).

Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's application for long-term care benefits.

Summary of Evidence

A MassHealth representative appeared at the hearing via telephone and testified as follows: On August 5, 2022, MassHealth received a long-term care application on behalf of the Appellant. On October 5, 2022, MassHealth denied the request for failure to receive all verifications. (See, Exhibit 1). As of the hearing date, the following verifications were still missing:

- Checking account bank statements;
- Life Insurance information/verification; and
- Real estate property information, including deed and property value.

(See, Exhibit 1, p. 2).²

The Appellant's representative appeared at the hearing via telephone and testified that she previously submitted the following information to MassHealth along with the SC-1. Specifically, the Appellant's representative testified that she submitted the deed to the property, documentation stating that the Appellant does not have any life insurance policies, and a statement that the Appellant does not have a checking account. The Appellant's representative made inquiry as to whether further information surrounding the checking account could be provided to her because the Appellant stated that she does not have a checking account, rather, the checks are mailed to her shared residence. Her boyfriend would then take her to a check-cashing place to cash her checks.

In response, the MassHealth representative explained that the Appellant's application indicated that she had a checking account and was unaware of whether the Appellant completed the application herself or if someone else assisting her. The Appellant's representative explained that the Appellant completed her MassHealth application with the previous Business Office Manager of the facility. However, upon speaking to the Appellant herself, the Appellant informed her that the checking account information was incorrectly submitted. The MassHealth representative inquired whether the Appellant's representative could submit a copy of the check that is mailed to the Appellant. She explained that it is unusual to receive a paper check in the mail due to federal requirements surrounding direct deposit.

² The MassHealth representative testified that the only outstanding verification that she did receive was the notification of admission to facility (SC-1).

The Appellant's representative testified that she would attempt to receive a copy thereof, however, the Appellant is bed-bound, uncooperative, and generally reverts to her boyfriend who she jointly owns property with. The MassHealth representative also requested that the previous information that was submitted to MassHealth to be forwarded to her attention.³

The record was left open until December 29, 2023 for the Appellant to submit the outstanding verifications to MassHealth. The record was also left open until January 6, 2023 for the MassHealth representative to respond to any submissions. (See, Exhibit 5). The Appellant requested to extend the record open period until January 27, 2023, February 10, 2023, and February 17, 2023. (See, Exhibit 6, pp. 1-12). The record open period was further extended until February 24, 2023 for the MassHealth representative to respond. At the close of business on February 21, 2023⁴, the Appellant's representative indicated that the facility was unable to obtain the Appellant's bank statements and the Appellant's boyfriend is not returning any calls. (See, Exhibit 6, p. 12). The MassHealth representative indicated that she did not receive any of the outstanding verifications. (See, Exhibit 6, p. 16).

Findings of Fact

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

1. On August 5, 2022, MassHealth received a long-term care application on behalf of the Appellant.
2. On October 5, 2022, MassHealth denied the request because it had not received the outstanding verifications within the requested timeframe.
3. The Appellant timely appealed on October 31, 2022.
4. As of the hearing date, the following verifications were still outstanding: checking account bank statements; life insurance information/verification; and real estate property information.
5. Following the hearing, the record was left open until December 29, 2022 for the Appellant to submit the outstanding verifications to MassHealth.
6. The record was also left open until January 6, 2023 for MassHealth to respond to any submissions.
7. The record open period was extended to January 27, 2023, February 10, 2023, and February

³ The MassHealth representative explained that the previous case worker is no longer with the agency.

⁴By this time, the extended record open period had closed for the Appellant's submission.

17, 2023 for the Appellant to submit the outstanding verifications.

8. The record open period was extended until February 24, 2023 for the MassHealth representative to respond to any submissions.
9. On February 21, 2023, the Appellant's representative indicated that she is unable to obtain the requested information surrounding bank statements.
10. The MassHealth representative indicated that she did not receive any of the outstanding information.

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 rules and regulations of MassHealth, including recovery 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 516.019(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 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 application that was received by MassHealth. Despite the additional time and several extension requests that were granted, the Appellant failed to submit any of the outstanding information. Without all the requested information, MassHealth was unable to determine 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]