

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2208890
Decision Date:	3/28/2023	Hearing Date:	12/28/2022
Hearing Officer:	Kimberly Scanlon	Record Open to:	2/13/2023

Appearance for Appellant:

Via telephone



Appearance for MassHealth:

Via telephone

Iesha Pittman (on behalf of Carmen Sola)



*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:	3/28/2023	Hearing Date:	12/28/2022
MassHealth's Rep.:	Ieasha Pittman	Appellant's Rep.:	
Hearing Location:	Taunton MassHealth Enrollment Center Room 2 (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 November 28, 2022, MassHealth notified the Appellant that he was not eligible for MassHealth long-term care benefits because he did not submit the information it needed to decide his eligibility within the required time frame. (See, 130 CMR 515.008; Exhibit 1). The Appellant filed this appeal in a timely manner on December 1, 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 January 30, 2023 for the Appellant to submit additional evidence and until February 13, 2023 for MassHealth to review any evidence that was submitted.

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 determine 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 October 3, 2022, MassHealth received a long-term care application on behalf of the Appellant. (See, Exhibit 5, p. 2). On October 17, 2022, MassHealth sent a request of information to the Appellant. (See, Exhibit 5, pp. 3-4). On November 28, 2022, MassHealth denied the request for failure to receive all verifications. (See, Exhibit 1; Exhibit 5, p. 5). As of the hearing date, the following verifications were still missing:

- Bank account information: an explanation of deposits and withdrawals of \$ 1000 or more: deposits: in the amounts of \$ 19,720.81 (in May of 2022) and \$ 4493.67 (in June of 2022); withdrawals in the amounts of \$ 2500 (in July of 2022), \$ 1000 (in August of 2022) \$ 9000 (in October of 2022), \$ 7000 (in October of 2022), and a check in the amount of \$ 3700 (in August of 2022);
- Bank statements (from a second bank account): from December 1, 2018 through the time the account closed in 2019; including an explanation of the following: deposit in the amount of \$ 3700 (in August of 2022); withdrawals: in the amounts of \$ 79,415.94 (in January of 2019), \$ 52,050.59 (in February of 2019), \$ 39,163.82 (in March of 2019), and \$ 9,868.81 (in April of 2019);
- HUD statement with the value of real estate property at the time of the sale, including documentation on the deposit of proceeds and spend-down of proceeds.

(See, Exhibit 1; Exhibit 5, p. 5).

The Appellant's representative appeared at the hearing via telephone and testified that the Appellant attempted to obtain the requested information, however, he experienced difficulties doing so because he was listed secondary on a shared account with his mother who has since passed away. The Appellant's representative further testified that she did fax over some information prior to the hearing, however, the MassHealth representative assigned to this appeal was not in the office and presumably did not have the opportunity to review this information, as of date. The record was left open until January 30, 2023 for the Appellant to submit the outstanding verifications to MassHealth. The record was also left open until February 13, 2023 for MassHealth to review said verifications. (See, Exhibit 6). On February 14, 2023¹, the Appellant's representative indicated that the Appellant has since been discharged from the nursing facility and has been difficult to contact because he is now homeless² and not answering her telephone calls. (See, Exhibit 7, pp. 2-3). The MassHealth representative indicated that since the date of the appeal, MassHealth did not receive any of the outstanding verifications.

¹ The Appellant's representative indicated that she sent an e-mail to all parties on January 23, 2023. For reasons unknown, said e-mail was not received.

² This appeal decision is addressed to the Appellant at his last place of abode, with a copy to the Appellant's representative, who is located at a separate address.

Findings of Fact

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

1. On October 3, 2022, MassHealth received a long-term care application on behalf of the Appellant.
2. On October 17, 2022, MassHealth sent a request of information to the Appellant.
3. On November 28, 2022, MassHealth denied the request because it had not received the outstanding verifications within the requested timeframe.
4. As of the hearing date, the following verifications were still outstanding: bank account information; bank statements on a separate (closed account); and a HUD statement concerning property.
5. Following the hearing, the record was left open until January 30, 2023 for the Appellant to submit the outstanding verifications to MassHealth.
6. The record was also left open until February 13, 2023 for MassHealth to review any verifications that were submitted on behalf of the Appellant.
7. As of February 14, 2023, the Appellant was discharged from the nursing facility.
8. MassHealth did not receive any of the outstanding verifications since the date of the appeal.

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, the Appellant did not submit all of the outstanding information, for the reasoning set forth above. However, 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]