

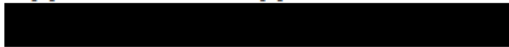
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2300294
<b>Decision Date:</b>	2/27/2023	<b>Hearing Date:</b>	2/6/2023
<b>Hearing Officer:</b>	David Jacobs		

**Appearances for Appellant:**



**Appearances for MassHealth:**

Lindsay Gallant, Taunton MEC



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street  
Quincy, MA 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Verifications
<b>Decision Date:</b>	2/27/2023	<b>Hearing Date:</b>	2/6/2023
<b>MassHealth Rep.:</b>	Lindsay Gallant	<b>Appellant Rep.:</b>	
<b>Hearing Location:</b>	Board of Hearings (Remote)		

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through notice dated 1/5/2023, MassHealth notified the appellant that she is not eligible for MassHealth benefits because she did not submit the information it needs to decide her eligibility within the required time frame (Exhibit 1). The appellant filed this appeal in a timely manner on 1/12/2023 (130 CMR 610.015(B)). Denial of assistance is a valid ground for appeal (130 CMR 610.032). At the conclusion of hearing, the record was left open, with extension until 2/21/2023 for the appellant to submit additional information.

### Action Taken by MassHealth

MassHealth notified the appellant that that she is not eligible for MassHealth benefits because she did not submit the information it needs to decide her eligibility within the required time frame.

### Issue

The appeal issue is whether MassHealth was correct in denying the appellant's application for MassHealth benefits.

## **Summary of Evidence**

The MassHealth representative appeared by telephone and testified to the following chronology:

The appellant was admitted to a rehab center and the facility is requesting 10/1/2022 for a start date. Mass Health received the appellant's application on 11/25/2022 and an information request was sent out on 12/8/2022. A denial notice was issued on 1/5/2023 for failure to submit verifications. MassHealth identified the following information as outstanding as of the date of hearing:

- 2022 pension statement verifying the gross, net, and deductions for your \$182.52 pension.
- Bank account statements from 1/1/2022-5/19/2022.

(Exhibit 4).

The appellant's representative appeared at the hearing by telephone and testified to difficulties obtaining some of the requested documentation. She testified that she would be able to submit the pension information shortly, but the bank account statements would be more difficult. The bank would only send statements to the appellants home address and the appellant was in a facility. Therefore, they were relying on a friend of the appellant to go to the appellant's home address and retrieve her mail. The appellant's representative requested an open record period to submit the pension information and testified that she would press the friend to visit the appellant's home within the week to retrieve the bank account statements. The open record was granted for the representative to submit all information by 2/20/2023. However, due to the later discovery that 2/20/2023 was a holiday, the open record period was extended to 2/21/2023. (Exhibit 6)

On 2/21/2023 the Masshealth representative sent an email stating that the bank account statements were still outstanding. (Exhibit 6) Despite the extension of the open record period by an additional day the bank account statements were not submitted.

## **Findings of Fact**

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

1. The appellant was admitted to a rehab center.
2. On 11/25/2022 the appellant filed an application for MassHealth long-term care benefits.
3. On 1/5/2023, MassHealth sent the appellant a denial notice because she did not submit all the information necessary to process her application.
4. At a fair hearing held on 2/6/2023, MassHealth submitted a list of all of the missing documentation; this list was sent to the appellant's representative following the hearing.

5. Upon request, the hearing officer agreed to leave the record open following the hearing to allow the appellant time to submit the outstanding verifications.
6. During the record-open period, the appellant's representative submitted information related to the appellant's pension but did not submit the requested bank account statements.

## **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 (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.

Despite being given additional time post-hearing to submit the outstanding documentation, the appellant did not submit all required verifications to MassHealth or the hearing officer. The appellant has therefore not fulfilled her obligations pursuant to 130 CMR 516.001.

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.

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David Jacobs  
Hearing Officer  
Board of Hearings

cc: Taunton MassHealth Enrollment Center

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