

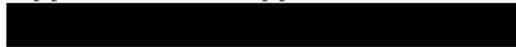
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2300315
Decision Date:	3/6/2023	Hearing Date:	2/9/2023
Hearing Officer:	David Jacobs		

Appearances for Appellant:



Appearances for MassHealth:

Carmen Sola, 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

Appeal Decision:	Denied	Issue:	Verifications
Decision Date:	3/6/2023	Hearing Date:	2/9/2023
MassHealth Rep.:	Carmen Sola	Appellant Rep.:	
Hearing Location:	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 until 2/23/2023 for the appellant to submit additional information, then extended to 3/2/2023.

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 facility and is requesting [REDACTED] for a start date. MassHealth received the appellant's application on 9/29/2022 and an information request was sent out on 10/7/2022. 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:

- Bank statement from 12/1/2021 through current, showing where social security income is being deposited

(Exhibit 3).

The appellant's representative appeared at the hearing by telephone and testified that the appellant does not deposit her social security income into a bank account and instead cashes them out at the local grocery store. The MassHealth representative responded that if that was the case than the appellant has to submit a letter from social security stating that the appellant was receiving paper checks. An open record period was requested and granted for the appellant to submit such a letter by 2/23/2023. (Exhibit 7) The appellant then requested an extension to 3/2/2023 that was granted. (Exhibit 8)

On 3/3/2023 the MassHealth representative responded to an email stating that the letter from Social Security was still outstanding. (Exhibit 9)

Findings of Fact

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

1. The appellant was admitted to a facility.
2. On 9/29/2022 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 2/9/2023, 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 did not submit the requested letter from social security.

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.

David Jacobs
Hearing Officer
Board of Hearings

cc: Taunton MassHealth Enrollment Center

[REDACTED]