

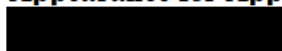
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |              |                        |            |
|-------------------------|--------------|------------------------|------------|
| <b>Appeal Decision:</b> | Denied       | <b>Appeal Number:</b>  | 2301107    |
| <b>Decision Date:</b>   | 4/19/2023    | <b>Hearing Date:</b>   | 03/24/2023 |
| <b>Hearing Officer:</b> | Mariah Burns | <b>Record Open to:</b> | 04/14/2023 |

**Appearance for Appellant:**



**Appearance for MassHealth:**

Jessica Barney for Elizabeth Landry, Taunton  
MEC



*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

|                           |                |                          |                              |
|---------------------------|----------------|--------------------------|------------------------------|
| <b>Appeal Decision:</b>   | Denied         | <b>Issue:</b>            | Long-Term Care Verifications |
| <b>Decision Date:</b>     | 4/19/2023      | <b>Hearing Date:</b>     | 03/24/2023                   |
| <b>MassHealth's Rep.:</b> | Jessica Barney | <b>Appellant's Rep.:</b> |                              |
| <b>Hearing Location:</b>  | Remote         | <b>Aid Pending:</b>      | 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 January 24, 2023, MassHealth denied the appellant's application for MassHealth long-term care benefits because the appellant did not submit the information needed to determine eligibility in a timely manner (see 130 CMR 515.008 and Exhibit 1). The appellant filed this appeal in a timely manner on February 10, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth Standard for long-term care residents.

## Issue

Whether MassHealth was within its discretion to deny the appellant's application for long-term care benefits for failure to submit the requested verifications.

## Summary of Evidence

The appellant appeared at hearing by telephone and was assisted by her appeal representative. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center

(MEC) in Taunton and was covering for the assigned worker. The MassHealth representative testified that the appellant was admitted to the nursing facility on [REDACTED] 2020. MassHealth received a long-term care conversion notice on November 9, 2022 and sent a request for information on December 14, 2022 that included the following:

- Proof of gross income of pension
- Statements from 6/1/2022- present with receipts for all transactions over \$1500 for a specific bank account
- Proof of current and cash surrender value for three specific life insurance policies.

The due date for the requested verifications was January 13, 2023. On January 24, 2023, MassHealth issued a denial notice because verifications for all three life insurance policies were still outstanding.

The appellant's representative made reference to three documents that had been provided that she believed reflected the current and cash surrender values of the appellant's life insurance policies. Upon further discussion, the MassHealth representative agreed that one of the documents presented was sufficient, but that the other two policy documents reflected a Table of Values that was not enough to allow MassHealth to make its determination. The appellant's representative indicated that she would be able to obtain letters from the two remaining life insurance companies, and the record was kept open until April 14, 2023 to give her time to do so. As of the issuance of this decision, MassHealth has yet to receive any additional submission from the appellant or her representative, and the verifications for the two remaining life insurance policies are still outstanding.

## **Findings of Fact**

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

1. The appellant has been a resident of the nursing facility since [REDACTED] 2020.
2. MassHealth received a long-term care conversion notice on November 9, 2022
3. MassHealth sent a Request for Information dated December 14, 2022, requesting verification of the current and cash surrender values of three life insurance policies held by the appellant; that information was not submitted and the application was denied on January 24, 2023.
4. The appellant provided sufficient information to satisfy the requirement for one life insurance policy at hearing, and the record was held open to allow her time to obtain similar information for the remaining two policies; that information was not submitted by the end of the record open period and has yet to be provided.

## **Analysis and Conclusions of Law**

An applicant for any MassHealth benefits is required to “cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility...” 130 CMR 515.008(A). After receiving an application for benefits, MassHealth proceeds as follows:

The MassHealth agency requests all corroborative information necessary to determine eligibility.

- (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(B). “If the requested information...is received [by MassHealth] within 30 days of the date of the request, the application is considered complete...If such information is not received within 30 days of the request, MassHealth benefit may be denied.” 130 CMR 516.001(C).

MassHealth applicants must meet certain financial requirements to be eligible for long-term care services. Specifically, there is a \$2000 asset limit for an individual and a \$3000 limit for certain couples living together in the community. See 130 CMR 520.003(A). Such assets include “the cash surrender value of a life insurance policy.” 130 CMR 520.007(E)(1).

The MassHealth representative testified that the information submitted for two of the appellant’s life insurance policies did not reflect the actual current and cash surrender values for the respective policies and that MassHealth required more specific information with respect to those two policies. The appellant’s representative expressed an understanding of what was needed, but did not submit that information during the record open period, nor did she request to extend it. As MassHealth is unable to discern the current and cash surrender value of two of the appellant’s life insurance policies and gave the appellant notice of that inability, and the appellant failed to submit the necessary information, MassHealth was within its discretion to deny the appellant’s application for long-term care benefits. 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.

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Mariah Burns  
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]