

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2301931
Decision Date:	09/15/2023	Hearing Date:	04/04/2023
Hearing Officer:	Kimberly Scanlon	Record Open to:	06/09/2023

Appearance for Appellant:




Appearance for MassHealth:

Patricia Rogers



*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:	Eligibility; Verifications; Long-term-care
Decision Date:	09/15/2023	Hearing Date:	04/04/2023
MassHealth's Rep.:	Patricia Rogers	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 February 23, 2023, 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 timeframe. (See, 130 CMR 515.008; Exhibit 1). The Appellant filed this appeal in a timely manner on March 10, 2023. (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 April 18, 2023 for the Appellant to submit additional evidence.¹

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.

¹ The Appellant's request to further extend the record open period until May 23, 2023 was granted. The record open period was further extended to June 9, 2023 for MassHealth to review submission. (See, Exhibit 8).

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 December 30, 2022, MassHealth received a long-term care application on behalf of the Appellant. A request for information was submitted to the Appellant on January 19, 2023. (See, Exhibit 6, pp. 4-5). On February 23, 2023, MassHealth denied the Appellant's application due to failure to receive all verifications. (See, Exhibit 1). As of the hearing date, the following verifications were still outstanding:

- Bank statements from the account that the Appellant's social security is being deposited in (from March 1, 2022 through present), verifying all transactions \$ 1500 or more; and
- Completed bank account question on the application.

(See, Exhibit 1, p. 2).²

The MassHealth representative explained that the Appellant was receiving social security during the timeframe that MassHealth requested the pertinent bank statements. She further explained that there was not any bank accounts reported on the Appellant's application though. Specifically, there was a line through the bank account question on the Appellant's application, along with a notation that read as "N/A." As of date, the requested verifications listed above remain outstanding.

The Appellant's representatives appeared at the hearing by telephone and testified that they spoke to the Appellant's Health Care Proxy who confirmed that the Appellant does in fact receive social security. It is unclear where the Appellant's social security checks are being deposited though because the Appellant does not have a bank account. The Appellant's representatives explained that the Appellant formerly resided at another facility and his social security checks were previously mailed to that facility. Because the Appellant's representatives recently learned this information, they are attempting to work with the former facility to have the Appellant's checks transferred to the current facility.

² The MassHealth representative further testified that she did not receive any information prior to the hearing except for another application, which appeared to be a duplicate copy of the former application received. However, the MassHealth representative did receive a completed Long-term care supplement with the second application, which was also listed on the February 23, 2023 denial notice as a missing verification. (See, Exhibit 1, p. 3).

In response, the MassHealth representative testified that if the Appellant's social security checks were previously sent to another facility, she would still need statements to determine the Appellant's eligibility. She explained that the Appellant likely had a personal needs account and therefore there had to be some sort of account where his social security checks were being deposited. Because the Appellant is no longer at the former facility, if the account has since closed, then MassHealth would need to know where any remaining funds were deposited. Finally, the MassHealth representative testified that she also would need a completed bank account question on the Appellant's application.

The record was left open until April 18, 2023 for the Appellant to submit the outstanding verifications to MassHealth. The record was also left open until April 25, 2023 for the MassHealth representative to respond to any submissions. (See, Exhibit 7). The Appellant requested to extend the record open period until May 23, 2023, which was granted. (See, Exhibit 8, pp. 3-4). The record open period was further extended until June 9, 2023 for the MassHealth representative to respond.³ The MassHealth representative subsequently indicated that she did not receive any of the outstanding verifications. (See, Exhibit 9, p. 1).⁴

Findings of Fact

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

1. On December 30, 2022, MassHealth received a long-term care application on behalf of the Appellant. (Testimony; Exhibit 6, p. 3).
2. On January 19, 2023, MassHealth submitted a request for information to the Appellant. (Testimony; Exhibit 6, pp. 4-5).
3. On February 23, 2023, MassHealth denied the Appellant's application because it had not received the outstanding verifications within the requested timeframe. (Testimony; Exhibit 1).
4. The Appellant timely appealed on March 10, 2023. (Exhibit 2).
5. As of the hearing date, the following verifications were still outstanding: bank statements from the account(s) that the Appellant's social security was being deposited into (from March 1, 2022 through present), verifying all transactions \$ 1500 or more, and a completed bank

³ At the hearing, the MassHealth representative indicated that she would be out of the office and therefore requested that her supervisors to be included in correspondence pertaining to the record open period and extensions thereof. (See, Exhibit 8, p. 1).

⁴ The MassHealth representative who reported such was subsequently assigned to this appeal after the hearing.

account question on the Appellant's application. (Testimony; Exhibit 1).

6. Following the hearing, the record was left open until April 18, 2023 for the Appellant to submit the outstanding verifications to MassHealth. (Exhibit 7).
7. The record was also left open until April 25, 2023 for MassHealth to respond to any submissions. (Exhibit 7).
8. The record open period was extended to May 23, 2023 for the Appellant to submit the outstanding verifications. (Exhibit 8, pp. 3-4).
9. The record open period was extended until June 9, 2023 for the MassHealth representative to respond to any submissions. (Exhibit 8, p. 3).
10. The MassHealth representative subsequently to this appeal assigned indicated that she did not receive any of the outstanding information. (Exhibit 9).

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 described above. Despite the additional time and extension request that was granted, the Appellant did not submit any of the outstanding information. Without all requested information however, 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

Appellant's Representatives:

[REDACTED]

[REDACTED]