

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2303744
Decision Date:	7/10/2023	Hearing Date:	06/05/2023
Hearing Officer:	Kimberly Scanlon	Record Open to:	06/30/2023

Appearance for Appellant:
Via telephone



Appearance for MassHealth:
Via telephone
Alexandra DeJesus



*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:	7/10/2023	Hearing Date:	06/05/2023
MassHealth's Rep.:	Alexandra DeJesus	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton MassHealth Enrollment Center Room 1 (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 January 18, 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 February 24, 2023. (See, 130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (See, 130 CMR 610.032).

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 long-term care benefits.

Summary of Evidence

A MassHealth representative appeared at the hearing via telephone and testified as follows: On November 20, 2022, MassHealth received a long-term care application on behalf of the Appellant. On January 18, 2023, MassHealth denied the request for failure to receive all verifications. (See, Exhibit 1). As of the hearing date, the following verifications were still missing:

- Completion of the bank account question on the Appellant's application;
- Bank statements from checking and savings accounts from August 1, 2021 through November of 2021, verifying all transactions \$ 1500 or more. If either account was closed, bank statements for 3 months prior to closure including proof that the account(s) closed and proof of where the remaining funds were deposited;
- Real estate property information including: HUD statement, 2022 assessed value, proof of where proceeds were deposited and proof of spenddown;
- Vehicle registration;
- Copy of the irrevocable trust burial contract and lists of goods and services; and
- Copy of the trust, including the schedule of assets and beneficiaries, and verification of whether the trust is generating any income.

(See, Exhibit 1, p. 3).

The Appellant's representative appeared at the hearing via telephone and testified that she believed most of the above-captioned verifications were already faxed over to MassHealth. Thus, she was under the impression that this appeal had since been resolved.¹ She explained that she will not be in her office for the next two weeks. The Appellant's representative further explained that the Business Officer Manager of the facility is no longer employed there, otherwise she would have the outstanding verifications sent to MassHealth prior to her return. The record was left open until June 23, 2023 for the Appellant to submit the outstanding verifications to MassHealth. The record was also left open until June 30, 2023 for the MassHealth representative to respond to any submissions. (See, Exhibit 6). At the close of business on June 30, 2023, MassHealth reported receiving most, but not all of the outstanding verifications. (See, Exhibit 8). The MassHealth representative indicated that there were still outstanding verifications and as a result thereof, she is unable to approve the Appellant's request for long-term care benefits. (See, Exhibit 7, p. 5).²

Findings of Fact

¹ The MassHealth representative listed on the January 18, 2023 denial notice was out on leave and unavailable for hearing. (See, Exhibit 1, p. 1).

² On June 30, 2023, the MassHealth representative responded to all parties via e-mail that the Appellant's deadline for submission was June 23, 2023 and her deadline was June 30, 2023. The MassHealth representative further responded that she reviewed what has been submitted and advised of what is still pending. (See, Exhibit 7, p. 1). There was not a request received (from either party) to extend the record open period.

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

1. On November 20, 2022, MassHealth received a long-term care application on behalf of the Appellant.
2. On January 18, 2023, MassHealth denied the request because it had not received the outstanding verifications within the requested timeframe.
3. As of the hearing date, the following verifications were still outstanding: bank account information (to be completed on the application); bank statements; real estate property information (HUD statement, assessed value, proof of proceeds deposited and proof of spenddown); vehicle registration; copy of irrevocable trust contract (including a list of goods and services); and a copy of the trust (including the schedule of assets and beneficiaries, verification of whether the trust is generating any income).
4. The Appellant's representative believed that the outstanding verifications were previously submitted to MassHealth.
5. Following the hearing, the record was left open until June 23, 2023 for the Appellant to submit the outstanding verifications to MassHealth.
6. The record was also left open until June 30, 2023 for MassHealth to respond to any submissions.
7. On June 30, 2023, the MassHealth representative indicated that there are still outstanding verifications and therefore she is unable to approve the Appellant's request for long-term benefits.

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. Without all of the requested 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

