

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied in part; Remand	Appeal Number:	2310513
Decision Date:	2/14/2024	Hearing Date:	12/04/2023
Hearing Officer:	Emily T. Sabo	Record Open to:	12/26/2023

Appearances for Appellant:




Appearance for MassHealth:

Donovan Sorhaindo, 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

Appeal Decision:	Denied in part; Remand	Issue:	Eligibility; Over 65; Long Term Care Application; Missing Verifications
Decision Date:	2/14/2024	Hearing Date:	12/04/2023
MassHealth's Rep.:	Donovan Sorhaindo, Taunton MassHealth Enrollment Center	Appellant's Reps.:	
Hearing Location:	Charlestown MassHealth Enrollment Center (Telephone)	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 October 2, 2023, MassHealth terminated the Appellant's MassHealth Standard benefits, effective October 16, 2023, because she did not provide requested information (see 130 CMR 515.008 and Exhibit 1). The Appellant filed this appeal in a timely manner on October 27, 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 terminated the Appellant's MassHealth Standard benefits, effective October 16, 2023.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in terminating the Appellant's MassHealth Standard benefits for failure to provide requested information.

Summary of Evidence

The hearing was held telephonically and the MassHealth representative testified to the following: the Appellant is [REDACTED], has a household size of one, and had previously been a MassHealth Standard member. The MassHealth representative testified that on June 7, 2023, the Appellant submitted an application for long-term care. On June 15, 2023, MassHealth sent the Appellant a notice requesting further information so that MassHealth could determine her eligibility. MassHealth did not receive any information from the Appellant. On October 2, 2023, MassHealth notified the Appellant that it was terminating her benefits effective October 16, 2023. The MassHealth representative testified that the information sought from the Appellant concerned a [REDACTED] account and a [REDACTED] account.

The Appellant was represented by her court-appointed legal guardian who verified the Appellant's identity and an individual from the nursing facility where she is currently living. The Appellant's guardian testified that there is no evidence that the Appellant has a [REDACTED] account. The Appellant's guardian testified that there is no [REDACTED] in Massachusetts, and that the Appellant has an account with [REDACTED], which is overdrawn by \$378.83.

The record was held open until December 18, 2023, for the Appellant's representatives to submit further information, and until December 26, 2023, for MassHealth to review and respond. On December 8, 2023, the Appellant's representative submitted a statement that the nursing facility has a private rate of \$288.75/per day, that they have not received any private payments from the Appellant, and that the facility is in the process of becoming the Appellant's representative payee. The submission also included the closing statement for what it termed the Appellant's "only known account in the community," which indicated that it was overdrawn by \$378.83. Exhibit 5.

The parties did not respond to the hearing officer's requests for MassHealth's response to the submission or further updates on the matter.

Findings of Fact

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

1. The Appellant is [REDACTED] and has a household size of one (Testimony).
2. The Appellant submitted an application for long-term care on June 7, 2023 (Testimony).

3. On October 2, 2023, MassHealth notified the Appellant that her benefits were terminating effective October 16, 2023, because she did not provide MassHealth with the requested information (Testimony and Exhibit 1).

Analysis and Conclusions of Law

The MassHealth regulations at 130 CMR 515.008 provide:

515.008: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

130 CMR 515.008.

Here, the Appellant did not provide MassHealth with the information it requested in order to determine her eligibility, and so MassHealth terminated her benefits, effective October 16, 2023. Exhibit 1. The Appellant did not provide sufficient evidence that MassHealth erred in this regard, and the appeal is denied in part.

At the hearing, and during the record open period, the Appellant's representatives provided testimony that the Appellant did not have an account with [REDACTED] and evidence that the Appellant's community account is overdrawn. Therefore, this matter is being remanded to MassHealth to determine, based on the Appellant's representatives' testimony and evidence, whether the Appellant is eligible for MassHealth benefits.

Order for MassHealth

Process the information submitted by the Appellant's representative on December 8, 2023, along with the testimony at hearing, and determine whether the Appellant is eligible for MassHealth.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Emily T. Sabo
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

Appellant Representative:

[REDACTED]

Appellant Representative:

[REDACTED]