

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311745
Decision Date:	02/27/2024	Hearing Date:	12/18/2023
Hearing Officer:	Kimberly Scanlon	Record Open to:	01/05/2024

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Michelle Benevides



*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; Over 65: Verifications
Decision Date:	02/27/2024	Hearing Date:	12/18/2023
MassHealth's Rep.:	Michelle Benevides	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Room 3 (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 September 29, 2023, MassHealth notified the appellant that her benefits were terminating on October 13, 2023 because she did not submit the information it needed to decide her eligibility within the required timeframe (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on November 13, 2023 (130 CMR 610.015(B); Exhibit 2). Termination of assistance is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open until December 27, 2023, for the appellant to submit additional evidence and until January 5, 2024, for MassHealth to review submission.

Action Taken by MassHealth

MassHealth notified the appellant that her MassHealth benefits were being terminated because she did not submit the information needed to determine her eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that her benefits were terminating because she did not submit the information needed to determine her eligibility.

Summary of Evidence

A MassHealth representative appeared at the hearing *via* telephone and testified as follows: the appellant is over the age of 65 and resides in the community in a household of one. Her gross monthly income received from social security amounts to \$ 1,172.00, which is under 100% of the Federal Poverty Level (FPL) limit of \$ 1,215.00. The appellant submitted her renewal application in May of 2023, which was processed on May 27, 2023. MassHealth subsequently sent the appellant a request for additional information. On September 29, 2023, MassHealth notified the appellant that her benefits were terminating on October 13, 2023 because she did not submit all requested verifications needed to determine eligibility within the required timeframe (Exhibit 1). As of the date of the hearing, the following verifications were still outstanding:

- Documentation verifying the appellant's [REDACTED] life insurance policy was transferred;
- Burial contract plot; and
- Signature page of the appellant's MassHealth renewal application.

(Testimony; Exhibit 1, p. 2).

The appellant appeared at the hearing by telephone and testified that she previously faxed over the requested documentation to MassHealth. The MassHealth representative stated that she did not receive the appellant's submission, as of date.

The record was left open until December 27, 2023, for the Appellant to re-submit the outstanding verifications to MassHealth. The record was also left open until January 5, 2024, for the MassHealth representative to review submission (Exhibit 6). The MassHealth representative subsequently indicated that she received some, but not all outstanding verifications (Exhibit 7).

Findings of Fact

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

1. The appellant is over the age of 65 (Testimony; Exhibit 3).
2. The appellant submitted her MassHealth renewal application in May of 2023 (Testimony).
3. MassHealth sent the appellant a request for additional information (Testimony).

4. On September 28, 2023, MassHealth notified the appellant that her benefits were terminating on October 13, 2023 because MassHealth had not received all outstanding verifications within the requested timeframe (Testimony; Exhibit 1).
5. The appellant timely appealed on November 13, 2023 (Exhibit 2).
6. As of the hearing date, the following verifications were still outstanding: documentation verifying the appellant's [REDACTED] Insurance Policy was transferred; burial contract plot; and the signature page of the appellant's MassHealth renewal application (Testimony; Exhibit 1, p. 2).
7. Following the hearing, the record was left open until December 27, 2023, for the appellant to re-submit the outstanding verifications to MassHealth (Exhibit 6).
8. The record was also left open until January 5, 2024, for MassHealth to review submission. *Id.*
9. The MassHealth representative subsequently indicated that she received some, but not all of the appellant's outstanding documentation (Exhibit 7).

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 submit the outstanding information described above. Despite the additional time granted, the appellant submitted some, but not all outstanding information. Without all requested information however, MassHealth is unable to determine the appellant's eligibility. Therefore, the action taken by MassHealth was within the regulations. 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