

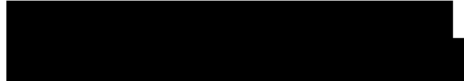
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2311865
<b>Decision Date:</b>	07/02/2024	<b>Hearing Date:</b>	03/27/2024
<b>Hearing Officer:</b>	David Jacobs		

**Appearances for Appellant:**




**Appearances for MassHealth:**

Joan Rivera, Taunton MEC



***Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street  
Quincy, MA 02171***

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Verifications
<b>Decision Date:</b>	07/02/2024	<b>Hearing Date:</b>	03/27/2024
<b>MassHealth Rep.:</b>	Joan Rivera	<b>Appellant Rep.:</b>	
<b>Hearing Location:</b>	Board of Hearings (Remote)		

### 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 24, 2023, MassHealth notified the appellant that she is not eligible for MassHealth benefits because she did not give MassHealth the information it needs to decide her eligibility within the required time frame (Exhibit 1). The appellant filed a timely appeal on November 21, 2023 (Exhibit 2). The denial of assistance is valid grounds for appeal (130 CMR 610.032(A)).

### Action Taken by MassHealth

MassHealth notified the appellant that she is not eligible for MassHealth benefits because she did not give MassHealth the information it needs to decide her eligibility within the required time frame.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits?

## Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified in summary as follows: The appellant is a household of one that entered the skilled nursing facility on [REDACTED]. She is looking for a start date of benefits of June 1, 2023. A request was sent for verification documents on July 21, 2023. The denial on appeal was sent on October 24, 2023 for failing to submit the requested verifications. The MassHealth representative stated that they require bank account statements from August 2022 to present with any transactions of \$1,500 or more verified with cancelled checks or receipts.

[REDACTED], a Medicaid Specialist at the facility, and [REDACTED] the temporary guardian, appeared at the hearing by telephone on behalf of the appellant. [REDACTED] conceded to the facts as laid out by the MassHealth representative and explained that the appellant is not well enough to acquire the requested bank statements and the bank will not accept his temporary guardianship as sufficient to make the request either. He testified that a court date was scheduled for June 5, 2024 to assign a permanent guardian for the appellant and requested a record open period until a permanent guardian could be selected. The hearing officer agreed, and the record was held open until June 27, 2024 for the appellant representatives to attain a permanent guardian and acquire the requested bank statements (Exhibit 8).

On June 27, 2024, the hearing officer emailed all parties reminding the appellant representatives that documents for this appeal were due today as no correspondence had been received about this matter since the record open period was established (Exhibit 9, pg. 1). In response, the hearing officer received an automated email from [REDACTED] informing correspondents that [REDACTED] no longer worked for the facility (Exhibit 9, pg. 3). Moreover, the Hearing Officer also received an email from [REDACTED] stating, "the recipient is deceased and I no longer have authority to act on her behalf." (Exhibit 9, pg. 1). Finally, the MassHealth representative responded that no documents had been submitted on behalf of the appellant (Exhibit 9, pg. 2). The hearing officer emailed [REDACTED] back asking what he would like to do as he was the only authorized representative the hearing officer could contact (Exhibit 9, pg. 1). However, no response was received. Therefore, the hearing officer closed the matter on June 28, 2024 (Exhibit 9, pg. 1).

## Findings of Fact

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

1. The appellant entered the skilled nursing facility on November 29, 2022 and is looking for a start date of benefits of June 1, 2023.
2. On July 21, 2023, a request for verifications was sent to the appellant for bank account statements from August 2022 to present with any transactions of \$1,500 or more verified with cancelled checks or receipts.

3. On October 24, 2023, the appellant received a denial notice for failure to submit the requested bank account statements.
4. The appellant appealed that notice.
5. The appellant's temporary guardian was unable to secure the requested bank account statements as the bank explained that they would only release the statements to a permanent guardian.
6. A hearing to establish a permanent guardian was scheduled for June 5, 2024 and the appellant representative requested a record open period until after the permanent guardian was selected.
7. The record was held open until June 27, 2024 for the appellant to submit documents.
8. On June 27, 2024, the hearing officer reached out to all parties and reminded the appellant representatives that the requested documents were due.
9. The hearing officer was informed that the Medicaid Specialist no longer worked for the facility, the appellant was now deceased, the temporary guardian could no longer represent the appellant, and that no documents had been received by MassHealth for this matter.
10. The hearing officer received no further correspondence from the appellant representatives.

### **Analysis and Conclusions of Law**

At issue in this case is MassHealth's determination that the appellant is not eligible for coverage because she has not submitted bank account statements requested by MassHealth (Exhibit 1). The appellant has disputed this determination by requesting a hearing.

Per 130 CMR 501.010(A), an applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.

Here, MassHealth requested bank account statements from August 2022 to present with any transactions of \$1,500 or more verified with cancelled checks or receipts (Exhibit 1). However, as of the close of the record open period no documents have been submitted by the appellant. It appears that all representatives that appeared on behalf of the appellant at the hearing have lost the authority to represent her interests. The Board of Hearings was never informed of any of

these changes of circumstances. Moreover, no timely requests for further extension of the record open period have been received by the Hearing Officer. As it stands, the record open period has closed and the appellant has not submitted the requested documents to MassHealth, nor have any timely extension requests been made on her behalf. Therefore, MassHealth is within its discretion to deny the appellant MassHealth benefits for failure to submit the requested verifications.

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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David Jacobs  
Hearing Officer  
Board of Hearings

cc: Taunton MEC