

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2313189
Decision Date:	4/22/2024	Hearing Date:	01/02/2024
Hearing Officer:	Kimberly Scanlon	Record Open to:	03/15/2024

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Karen Ryan – Tewksbury MEC;
Lynn Bloomquist – Tewksbury 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	Issue:	Eligibility; Over 65; Long term care; Verifications
Decision Date:	4/22/2024	Hearing Date:	01/02/2024
MassHealth's Rep.:	Karen Ryan; Lynn Bloomquist	Appellant's Rep.:	Pro se
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 October 23, 2023, MassHealth notified the appellant that she was not eligible to receive MassHealth benefits 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 December 13, 2023 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence and for MassHealth to review and respond.

Action Taken by MassHealth

MassHealth notified the appellant that she was not eligible to receive MassHealth benefits 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 she was not eligible for MassHealth benefits because she did not submit the information needed to determine her eligibility.

Summary of Evidence

The MassHealth representatives appeared at the hearing by telephone and testified as follows: The appellant is over the age of 65. Her MassHealth application for long-term care benefits was received on February 27, 2023, and was denied on July 10, 2023 for failure to provide all requested documentation. On July 14, 2023, MassHealth received some of the requested documents on behalf of the appellant. On July 18, 2023, MassHealth sent the appellant a request for additional verifications that remained outstanding. MassHealth did not receive the requested documentation. On October 23, 2023, MassHealth sent the appellant a denial notice for failure to submit the requested documentation needed to determine her eligibility (Exhibit 1). As of the date of the hearing, the following verifications were still outstanding:

- Proof of the appellant's current gross monthly income amount from her pension, showing all deductions, and proof of where her pension income has been deposited since January of 2021.

(Exhibit 1, p. 2).¹

The appellant appeared at the hearing by telephone and testified that the problem is that her daughter oversees her banking because she has been disabled for the past 2 years. However, her daughter has difficulties managing all the paperwork associated with her bank accounts. She stated that she began the process of changing her depositing system so that her retirement pension will be directly deposited into her checking account. The MassHealth representative inquired whether the appellant's name is on the bank account. In response, the appellant stated that she does not believe her name is on the account and that she receives \$ 3,000.00 per month from her retirement pension.

The appellant stated that the facility is now holding the appellant accountable for payment. She expressed her confusion surrounding the bills that she receives from the facility. The appellant

¹ The October 23, 2023 MassHealth notice further noted that MassHealth did not receive the following documentation from the appellant: checking account statements from June of 2023 to current, showing where the appellant's income has been deposited from May of 2023-present; and the appellant's personal needs account (PNA) statement from the nursing facility, showing activity from admission to current. *Id.* At hearing, the MassHealth representative explained that MassHealth has now received the appellant's checking account statements and PNA statement.

explained that she has separate health insurance that she believed was paying the facility. She stated that it was her understanding that her private health insurance would pay for up to 100 days for her nursing care at the facility. The MassHealth representative explained that the issue here is that the appellant needs to submit all requested information pertaining to her income and assets for MassHealth to determine her financial eligibility.

The record was left open until January 23, 2024, for the appellant to submit the outstanding verifications to MassHealth. The record was also left open until February 6, 2024, for the MassHealth representative to review any submissions (Exhibit 4). The record was further extended until March 8, 2024 for the appellant's submission and until March 15, 2024 for MassHealth to review all submissions (Exhibit 5). The MassHealth representative subsequently indicated that she received statements from an unreported credit union account that shows the pension deposit; the appellant did not verify her gross pension showing all deductions (Exhibits, 6 -7).

Findings of Fact

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

1. The appellant is over the age of 65 and MassHealth received her application for long term care benefits on February 27, 2023.
2. On July 10, 2023 MassHealth denied the appellant's request for long term care benefits for failure to submit all required documentation to determine her eligibility.
3. MassHealth received some of the appellant's requested information on July 14, 2023, and notified the appellant on July 18, 2023 of the remaining documentation needed to determine her eligibility. MassHealth did not receive the requested documentation.
4. On October 23, 2023, MassHealth notified the appellant that she was not eligible to receive long term care benefits because she did not submit the requested documentation needed to determine her eligibility.
5. The appellant timely appealed this MassHealth action.
6. As of the hearing date, the following verifications were still outstanding: proof of the appellant's current gross monthly income amount of her pension, showing all deductions, and proof of where her pension income has been deposited since January of 2021.
7. Following the hearing, the record was left open until January 23, 2024, and extended until March 8, 2024, for the appellant to submit the outstanding verifications to MassHealth.
8. The record was also left open until February 6, 2024 and extended until March 15, 2024 for

MassHealth to review submission.

9. The MassHealth representative subsequently indicated that she received statements from an unreported credit union account that shows the pension deposit; the appellant did not verify her gross pension showing all deductions.

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 did not submit all requested information. Specifically, the appellant has not verified the amount of her gross pension with all deductions. Thus, the appellant has therefore not fulfilled her obligations pursuant to 130 CMR 516.001.

Therefore, the action taken by MassHealth was within the regulations and 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