

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401741
Decision Date:	04/12/2024	Hearing Date:	03/05/2024
Hearing Officer:	Scott Bernard	Record Open to:	04/11/2024

Appearance for Appellant:



Appearance for MassHealth:

Christopher Champagne (Springfield MEC) *via*
telephone



*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:	Over 65/Community/Verifications
Decision Date:	04/12/2024	Hearing Date:	03/05/2024
MassHealth's Rep.:	Christopher Champagne	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton MassHealth Enrollment Center	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 2, 2024, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that she had not given it the information it needed to decide her eligibility within the required time frame. (See 130 CMR 515.008 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on February 1, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the appellant's request, the record remained open until April 11, 2024 to permit her to submit verifications at which time the record closed.

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits because she did not submit verifications needed to determine her eligibility in a timely manner.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in

determining that the appellant did not submit the necessary verifications.

Summary of Evidence

MassHealth was represented by a worker from a MassHealth Enrollment Center. The appellant represented herself. Both parties attended the hearing by telephone.

The MassHealth representative testified to the following. The appellant is an individual over the age of 65 who is living in a one person household in the community. (Testimony; Ex. 3). The appellant first applied for MassHealth benefits on September 20, 2023. (Testimony). MassHealth sent the appellant a request for information on September 25, 2023. (Testimony). The due date for submitting the requested information was December 24, 2023. (Testimony). MassHealth did not receive all the requested information by December 24. (Testimony). On January 2, 2024, MassHealth issued the denial notice under appeal. (Testimony). As of the date of the hearing, the appellant had still not submitted statements from a checking and savings account at Bank 1¹ from June 2023 to the present; a joint account at Bank 2 from June 2023 to the present; and a letter or statement from a life insurance company showing the cash surrender value of the appellant's life insurance policy. (Testimony). The MassHealth representative did assist the appellant in submitting a new application on February 21, 2024. because it had been more than 30 days since the denial. (Testimony). It was at this time that the MassHealth representative learned that the appellant is separated from her spouse, which is the reason she is a household of one. (Testimony). The appellant has not submitted any further information to MassHealth since February 21, 2024. (Testimony).

The appellant testified that she has some of the information MassHealth required but had recently undergone surgery to have a pacemaker implanted. (Testimony). The appellant's daughter was supposed to have submitted the life insurance information but apparently had not done so. (Testimony). The appellant requested time after the hearing to permit her to submit the requested information. (Testimony).

For that reason, the record was left open until April 4, 2024 to allow appellant to submit the requested information and the MassHealth representative was given until April 11, 2024 to respond. (Ex. 5). On April 5, 2024, the MassHealth representative informed the hearing officer by email that the appellant had submitted checking account statements for Bank 1 but none of the other information. (Ex. 6). The MassHealth representative stated that he had tried calling the appellant three times and left two voicemails but received no response from her. (Id.). The hearing officer asked the MassHealth representative to inform him if the appellant submitted any further information on or before April 11, 2024. (Id.). On April 12, 2024, the MassHealth representative emailed the hearing officer that he had received no further information from the appellant. (Id.).

¹ In order to maintain the appellant's confidentiality, the names of the two banks have been changed.

Findings of Fact

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

1. The appellant is an individual over the age of 65 who is living in a one person household in the community. (Testimony; Ex. 3)
2. The appellant first applied for MassHealth benefits on September 20, 2023. (Testimony).
3. MassHealth sent the appellant a request for information on September 25, 2023. (Testimony).
4. The due date for submitting the requested information was December 24, 2023. (Testimony).
5. MassHealth did not receive all the requested information by December 24. (Testimony).
6. On January 2, 2024, MassHealth issued the denial notice under appeal. (Testimony).
7. As of the date of the hearing, the appellant had still not submitted statements from a checking and savings account at Bank 1 from June 2023 to the present; a joint account at Bank 2 from June 2023 to the present; and a letter or statement from a life insurance company showing the cash surrender value of the appellant's life insurance policy. (Testimony).
8. The MassHealth representative did assist the appellant in submitting a new application on February 21, 2024 because it had been more than 30 days since the denial. (Testimony).
9. It was at this time that the MassHealth representative learned that the appellant is separated from her spouse, which is the reason she has a household of one. (Testimony).
10. The appellant has not submitted any further information to MassHealth since February 21, 2024. (Testimony).
11. The appellant requested that the record remain open to allow her to submit the remaining verifications. (Testimony).
12. The record was left open until April 4, 2024 to allow appellant to submit the requested information and the MassHealth representative was given until April 11, 2024 to respond. (Ex. 5).
13. On April 5, 2024, the MassHealth representative informed the hearing officer by email that the appellant had submitted checking account statements for Bank 1 but none of the other information. (Ex. 6).

14. The MassHealth representative stated that he had tried calling the appellant three times and left two voicemails but received no response from her. (Ex. 6).

15. On April 12, 2024, the MassHealth representative emailed the hearing officer that he had received no further information from the appellant. (Ex. 6).

Analysis and Conclusions of Law

An applicant for MassHealth “must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility.” (130 CMR 515.008(A)). ...” After receiving an application for MassHealth benefits, MassHealth requests all corroborative information necessary to determine eligibility by sending the applicant written notification requesting the corroborative information generally within five days of the receipt of the application. (130 CMR 516.001(B)(1)). 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(B)(2)). If the requested information is received by MassHealth within 30 days of the date of the request, the application is considered complete. (130 CMR 516.001(C)). If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied. (Id.).

The record shows that MassHealth sent the appellant a request for information on September 25, 2023. The due date for submission was December 24, 2023. The MassHealth representative testified that MassHealth received some but not all of the requested documents by December 24, 2023. MassHealth therefore acted properly in denying the application for LTC services on January 2, 2024.

Pursuant to the timely appeal of the denial, the record was left open in order to allow the appellant (through her representative) further time to submit the remaining requested documents. (See 130 CMR 610.065(A)(4); (B)(4),(6),(8); 610.071(F)). The appellant was given until April 4, 2024 to submit verifications from three sources. According to the MassHealth representative’s April 5, 2024 email, the appellant did submit one of the requested sets of statements from one bank, but not the remainder of the requested verifications. The record remained open through April 11, 2024. As of April 12, 2024, the appellant has not submitted all the information necessary to determine her eligibility. For that reason, the record is not sufficient to allow MassHealth to issue an eligibility determination at this time.

For the above stated reasons, the appeal must be 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104