

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403970
Decision Date:	05/03/2024	Hearing Date:	04/01/2024
Hearing Officer:	Christopher Jones	Record Open to:	05/03/2024

Appearance for Appellant:



Appearance for MassHealth:

Douglas Thompson – Charlestown Intake



*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; LTC Intake; Verifications
Decision Date:	05/03/2024	Hearing Date:	04/01/2024
MassHealth's Rep.:	Douglas Thompson	Appellant's Rep.:	
Hearing Location:	Telephonic	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 February 8, 2024, MassHealth denied the appellant's application for long-term-care services because the appellant did not give MassHealth information it needs to determine his eligibility. (Exhibit 1; 130 CMR 515.008.) The appellant filed this appeal in a timely manner on March 14, 2024. (Exhibit 1; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Following the hearing, the record was left open until April 19 for the appellant to submit missing verifications. MassHealth was allowed until May 3 to review and respond to any verifications submitted.

Action Taken by MassHealth

MassHealth denied the appellant's August 2023 application for long-term-care services because the appellant failed to submit required resource verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.001, in determining that the appellant is ineligible for coverage for failing to cooperate and verify resources.

Summary of Evidence

An application for long-term-care services was submitted on the appellant's behalf on August 31, 2023. MassHealth sent a request for verifications to the appellant on September 7, 2023, and responses were due by December 6, 2023. The appellant submitted some verifications in a timely manner, but MassHealth did not process these documents until February 8, 2024. When they were processed, MassHealth found that all requested verifications had not been received. The denial notice was issued identifying various deposits and expenditures from the appellant's bank accounts as needing to be explained and requesting additional documentation regarding a burial contract.

At the hearing, MassHealth's representative explained that there were four deposits into the appellant's checking account that had not been explained, and the appellant had deposited a large amount of money with an assisted living facility prior to going into the nursing facility. MassHealth needed documentation to show where this deposit had gone. They also continued to need a statement with the current balance for the appellant's burial account.

The parties acknowledged that any unverified expenditures for the appellant should be treated as a disqualifying transfer, which would need to be separately appealed. The appellant's representative testified that there had been another guardian for the appellant. Following a report of elder abuse, that guardian was removed, and there is an Elder Protective Services report documenting financial transactions that may give rise to a significant disqualifying transfer penalty. The parties understood that any undocumented expenses could be handled separately as part of an appeal regarding disqualifying transfers.

The appellant's representative requested that the record be left open to submit updated bank statements, as well as documentation regarding four large deposits into the appellant's checking account. Finally, they agreed to document what happened to the deposit with the assisted living facility. On the appellant's deadline, the appellant's representative submitted updated bank statements, but requested an extension until Monday to verify what happened to the deposit at the assisted living facility. On Monday, April 22, the extension was granted, but nothing further was submitted. MassHealth's representative confirmed that there were no verifications pertaining to the four large deposits that had been requested.

Findings of Fact

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

- 1) The appellant applied for long-term-care services in August 2023. (Exhibits 1; 4.)
- 2) MassHealth sent the appellant a list of documents the agency needed in order to process the application in September 2023, and MassHealth denied the application on February 8,

2024, because all of the required documents were not received. (Testimony by MassHealth's representative; Exhibit 4.)

- 3) The record was left open for the appellant until April 19, 2024, to submit the requested documentation. Specifically, the appellant was to document the source of four deposits into the appellant's bank accounts, and what happened to the deposit the appellant had placed with her former assisted living facility. (Exhibit 5.)
- 4) On April 19, 2024, the appellant submitted updated bank statements, but did not submit any information pertaining to the four deposits into the appellant's accounts or the deposit held by the assisted living facility. (Exhibits 5; 6.)
- 5) The appellant requested an extension until the following Monday, which was granted, but no additional responses or documentation was submitted. (Exhibit 5.)

Analysis and Conclusions of Law

MassHealth members must establish financial eligibility, which includes showing that their assets are below a threshold and that they reduced their assets in accordance with state and federal law. (See 130 CMR 520.000.) To qualify for long-term-care benefits, an applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001(B).) If the requested verifications are received within 30 days, "the application is considered complete" and MassHealth continues to "determine the coverage type ... for which the applicant is eligible." (130 CMR 516.001(C).) MassHealth may deny an application where the member has failed to provide requested information within 30 days. (130 CMR 516.001(C).) If some, but not all, of the requested information is received within 30 days of the denial, MassHealth deems the date of receipt to be the date of reapplication, and the agency will send out a new verification request. If a MassHealth member fails to cooperate with MassHealth and submit the documentation requested, MassHealth will deny the member's application. (See 130 CMR 515.008(C).)

The appellant failed to submit all requested information and cooperate with MassHealth during the processing of their application and failed to submit requested verifications despite an extension afforded through the fair hearing process. Had the unverified financial records pertained solely to expenses, MassHealth could have continued processing the application by issuing a notice denying benefits due to disqualifying transfers or excess assets. However, where assets and sources of deposits are not verified, it is impossible for MassHealth to accurately determine an applicant's eligibility.

For this reason, 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.

Christopher Jones
Hearing Officer
Board of Hearings

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

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