

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407360
Decision Date:	09/10/2024	Hearing Date:	07/29/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:



Appearance for MassHealth:

Via telephone

Gina Ciaramella-Burbank – Taunton 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:	09/10/2024	Hearing Date:	07/29/2024
MassHealth's Rep.:	Gina Ciaramella- Burbank	Appellant's Rep.:	
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 April 8, 2024, MassHealth notified the appellant that his MassHealth benefits were ending on April 22, 2024 because he did not submit the information it needed to decide his eligibility within the required timeframe (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on April 17, 2024 (130 CMR 610.015(B); Exhibit 2).¹ Termination of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that his benefits were ending on April 22, 2024, because he did not submit the information needed to determine his eligibility within the required time frame.

¹ The Board of Hearings ("BOH") initially dismissed the appeal for failure to include written authorization from the appellant (Exhibit 3). The BOH subsequently received written authorization from the appellant and scheduled a hearing (Exhibits 7-10).

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that his benefits were ending on April 22, 2024, because he did not submit the information needed to determine his eligibility within the required timeframe.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is over the age of 65 and has received long-term care services since 2019. In October of 2023, MassHealth received the appellant's renewal application, which was electronically reviewed, and a request for information was generated on January 3, 2024. MassHealth did not receive the requested information and issued a termination notice on April 8, 2024 (Exhibit 1). After issuing the termination notice to the appellant, MassHealth received some, but not all, of the requested information. As of the date of the hearing, the following verifications were still outstanding:

- Proof (documentation) showing what happened to the appellant's vehicle and where the proceeds of the vehicle went; and
- Proof (documentation) showing that the appellant's property was sold, including a HUD statement.

(Exhibit 13).

The appellant's representative appeared at the hearing by telephone and testified that she does not have any knowledge of the appellant's vehicle. She added that nothing has changed since 2019 though. The MassHealth representative explained that the appellant submitted proof that his vehicle registration was cancelled in 2018, however, he listed a vehicle on his renewal application. She inquired whether the appellant's 2018 vehicle was sold and whether he subsequently purchased another vehicle. The appellant's representative clarified that he only had one vehicle and does not believe that it was sold. The MassHealth representative explained that long-term care residents must provide proof that he or she did not transfer resources for less than fair market value. The appellant's representative stated that she does not feel that she is obligated to obtain this information for the appellant because she has her own family responsibilities and is not related to the appellant.

As to the property in question, the appellant's representative stated that she is not aware of whether his property was sold. She explained that she only has knowledge of the fact that his property is vacant and in disrepair. Additionally, she has knowledge that the appellant had a reverse mortgage on his property. The MassHealth representative explained that additional information is needed to determine what happened with the appellant's property. The appellant's representative stated that she has helped the appellant as best as she could and gave the nursing

facility all the information that she had upon his admission. The MassHealth representative inquired whether the appellant's representative can retrieve the pertinent property records from town hall. In response, the appellant's representative stated that she does not wish to take additional responsibilities on at this time because she is experiencing health issues and has an upcoming surgery scheduled for her hand. Following the surgery, the appellant's representative testified that she will not be able to drive a vehicle. She suggested that MassHealth contact the town hall to obtain the requested information. The MassHealth representative explained that MassHealth is unable to contact the town hall and requires submission directly from the MassHealth member or from his or her representative.

Findings of Fact

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

1. The appellant is over the age of 65 and began receiving long term care services in 2019.
2. In October of 2023, MassHealth received the appellant's renewal application which was electronically reviewed on October 24, 2023.
3. On January 3, 2024, MassHealth requested additional information from the appellant.
4. On April 8, 2024, MassHealth notified the appellant that his benefits were ending on April 22, 2024, because he did not submit the requested documentation needed to determine his eligibility.
5. MassHealth subsequently received some, but not all of, the requested documentation.
6. The appellant timely appealed this MassHealth action.
7. As of the hearing date, the following verifications were still outstanding: proof (documentation) showing what happened to the appellant's vehicle and where the proceeds of the vehicle went; and proof (documentation) showing that the appellant's property was sold, including a HUD statement.
8. The appellant's representative is unable to further assist the appellant due to her own health issues and family responsibilities.

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must apply for benefits, and MassHealth reviews eligibility every 12 months. (See 130 CMR 516.001, 516.007.) Members must cooperate with MassHealth's requests for "information necessary to establish and maintain eligibility" (130 CMR 515.008(A)).

MassHealth reviews eligibility in the following ways:

516.007: Continuing Eligibility

....

(C) Eligibility Reviews ...

...

(3) Review Form for Individuals in Need of Long-term-care Services in a Nursing Facility. If the individual is in need of long-term-care services in a nursing facility and his or her continued eligibility cannot be determined based on reliable information contained in his or her account or electronic data match with federal and state agencies, a written update of the member's circumstances on a prescribed form must be completed.

(a) The MassHealth agency will notify the member of the need to complete the prescribed form.

(b) The member will be given 45 days to return the review form to the MassHealth agency.

1. If the review is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic matches if available.
2. If the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.
3. If the requested review form is submitted within 30 days from the date of termination, a second eligibility determination is made within 15 days. Eligibility may be established retroactive to the date of termination, if otherwise eligible.

(c) If the member's coverage type changes, the start date for the new coverage type is effective as of the date of the written notice.

(130 CMR 516.007(C)(3)).

In the present case, the appellant did not comply with MassHealth's request for information in a timely manner. Specifically, the appellant has not submitted the requested information regarding his property and his vehicle. Without this information however, MassHealth is unable to determine whether the appellant remains eligible to receive MassHealth long-term care coverage. Therefore, I find that 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:

[REDACTED]

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616