

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2408657
Decision Date:	9/25/2024	Hearing Date:	07/02/2024
Hearing Officer:	Mariah Burns	Record Open to:	08/25/2024

Appearance for Appellant:



Appearance for MassHealth:

Katrina Edwards, Taunton MassHealth
Enrollment Center



*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:	Approved	Issue:	Over 65; Eligibility; Verifications
Decision Date:	9/25/2024	Hearing Date:	07/02/2024
MassHealth's Rep.:	Katrina Edwards	Appellant's Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	Yes

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 May 20, 2024, MassHealth terminated the appellant's Medicare Savings Plan – Qualified Medicare Beneficiary (MSP-QMB) benefits because MassHealth determined that the appellant did not submit all the requested information needed to make an eligibility determination. *See* 130 CMR 515.008 and Exhibit 1. The appellant filed this appeal in a timely manner on May 31, 2024, and Aid Pending was applied. *See* 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the appellant's benefits for failure to submit the proper verifications.

Issue

The appeal issue is whether the appellant has submitted all documents requested by MassHealth needed to make an eligibility determination for her MSP-QMB community benefits.

Summary of Evidence

The appellant is an adult over the age of 65 who was represented at the hearing by her great-nephew and power of attorney. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center who specializes in cases involving Over 65 members who are residing in the community. All parties appeared by telephone. The following is a summary of the evidence at testimony provided at the hearing and during the record open period.

Prior to the issuance of the notice at issue, the appellant was a MassHealth member receiving MSP-QMB benefits. On February 12, 2024, MassHealth sent a request for information letter that requested documentation of the following:

- Paystub or letter from private pension company showing current gross amount received and any deductions;
- Bank statements for [REDACTED] (checking and savings accounts) from three months prior to current verifying all transactions of \$1500.00 or more;
- Copy of vehicle registration and tax value of [REDACTED]
- Full contract showing benefit for [REDACTED] Death Benefit Funds.

On May 20, 2024, having not received the requested documentation, MassHealth issued the current notice terminating the appellant's MSP-QMB benefits with an effective date of June 3, 2024. The appellant filed this appeal on May 31, 2024, and Aid Pending was applied. The appellant's representative reported that the request for information letter was likely not responded to due to a mail issue on his end, and he requested time to provide all of the listed documentation. For that reason, the record was kept open via an email chain on which all parties were present.

On July 18, 2024, the appellant's representative provided checking and savings account statements from [REDACTED] from January 1, 2024, to current, a recent transaction notice from a [REDACTED] account not referenced in the request for information, and a letter from [REDACTED] stating that the appellant's death benefit is \$4517.00. On August 2, 2024, the appellant's representative submitted a letter stating that the appellant receives \$250.82 in monthly pension benefits. On August 20, 2024, the MassHealth representative reported that, after consulting with the appellant's representative, there were a few more documents still outstanding. On August 22, 2024, the appellant's representative submitted a letter stating that the appellant has not owned the [REDACTED] in several years.

On August 23, 2024, the MassHealth representative explained that MassHealth received a long-term care benefit application on the appellant's behalf on August 2, 2024, and that, because she is not a long-term care worker, she can no longer access the appellant's account on MassHealth's computer system. On September 10, 2024, the appellant's representative reported that the

appellant was not yet residing at a nursing facility and was admitted to the hospital on [REDACTED] 2024. MassHealth made no other comment regarding the sufficiency of the documentation submitted by the appellant's representative.

Findings of Fact

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

1. The appellant is an adult over the age of 65 who, at the time of the issuance of the notice on appeal, was residing in the community and received benefits through the Medicare Savings Plan as a Qualified Medicare Beneficiary. Exhibit 4, Testimony.
2. On February 12, 2024, MassHealth sent a request for information to the appellant requesting the following documentation to aid in an eligibility determination:
 - Paystub or letter from private pension company showing current gross amount received and any deductions;
 - Bank statements for [REDACTED] (checking and savings accounts) from three months prior to current verifying all transactions of \$1500.00 or more;
 - Copy of vehicle registration and tax value of [REDACTED]
 - Full contract showing benefit for [REDACTED] Death Benefit Funds.

Testimony, Exhibit 1.

3. On May 20, 2024, having not received any of the listed documentation, MassHealth issued a notice terminating the appellant's MSP-QMB benefits with an effective date of June 3, 2024. Exhibit 1.
4. The appellant filed a timely request for fair hearing on May 31, 2024, and Aid Pending was applied. Exhibit 2.
5. After the hearing, the record was kept open to allow the appellant's representative time to provide the requested documentation. On July 18, 2024, the appellant's representative provided checking and savings account statements from [REDACTED] from January 1, 2024, to current, a recent transaction notice from a [REDACTED] account not referenced in the request for information, and a letter from [REDACTED] stating that the appellant's death benefit is \$4517.00. Exhibit 5 at 13-26. On August 2, 2024, the appellant's representative submitted a letter stating that the appellant receives \$250.82 in monthly pension benefits. Exhibit 5 at 12. On August 22, 2024, the appellant's representative submitted a letter stating that the appellant has not owned the [REDACTED] in several years. Exhibit 5 at 27-28.

6. On August 20, 2024, the MassHealth representative reported that, after consulting with the appellant's representative, there were a few more documents still outstanding. Exhibit 5 at 7. The appellant's representative stated that he believed the outstanding information to be the letter regarding the appellant's car, and MassHealth made no indication to the contrary. Exhibit 5 at 5-7.

7. The appellant was admitted to the hospital on [REDACTED] 2024, and intends to be admitted to a long-term care facility. Exhibit 5 at 4-5. An application for MassHealth long-term care benefits was submitted on the appellant's behalf and received on August 2, 2024. Exhibit 5 at 3.

Analysis and Conclusions of Law

An applicant for any MassHealth benefits is required to "cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." 130 CMR 515.008(A). After receiving an application for benefits, MassHealth proceeds as follows:

The MassHealth agency requests all corroborative information necessary to determine eligibility.

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the 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(B). "If the requested information...is received [by MassHealth] within 30 days of the date of the request, the application is considered complete...If such information is not received within 30 days of the request, MassHealth benefit may be denied." 130 CMR 516.001(C); see also 130 CMR 516.007.

MassHealth applicants over the age of 65 who reside in the community must meet certain financial requirements to be eligible for benefits. Specifically, there is a \$2000 asset limit for an individual and a \$3000 limit for certain couples living together in the community. See 130 CMR 519.005(A). Such assets include "deposits in a bank, savings, and loan institution, checking, or trust accounts, term certificates, or other types of accounts." 130 CMR 520.007(B)(1). Certain vehicles and life insurance policies can also be considered countable assets. See 130 CMR 520.007(E) and (F). Members seeking MassHealth Standard benefits must also have an income that is less than or equal to 100% of the federal poverty level. See 130 CMR 519.005(A). It should be noted that there is no asset limit for individuals seeking coverage through the Medicare Savings Plan, and the income standards are more relaxed. See 130 CMR 519.010 and 011.

In this case, the appellant had certain documentation outstanding as of the date of hearing,

including a private pension statement, three months of bank statements for her checking and savings account, evidence of the value of her vehicle, and the full burial insurance contract showing her benefit. On July 18, 2024, the appellant's representative provided documents that satisfy the requests for bank statements and the burial insurance benefit. On August 2, 2024, he provided the appellant's private pension letter as requested by MassHealth. Finally, on August 20, after the MassHealth representative reported that "a few documents were missing," the appellant's representative provided a letter stating that the appellant no longer owns the vehicle in question. His representation was that it appeared to be the only documents MassHealth was looking for, and MassHealth did not deny that statement. Therefore, I find that the appellant has sufficiently provided all verifications requested by MassHealth pursuant to the February 12, 2024, request for information letter.

For the foregoing reasons, the appeal is hereby APPROVED.

It should be noted that the approval of this appeal has no bearing on the appellant's currently pending long-term care benefit application.

Order for MassHealth

Rescind the May 20, 2024, denial notice and make an eligibility determination for the appellant's community benefits up until the date that she is admitted to a skilled nursing facility. If more information is needed to make the determination, issue a new request for information preserving the application date. Remove Aid Pending.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Mariah Burns
Hearing Officer
Board of Hearings



aMassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center