

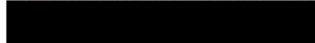
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410681
Decision Date:	10/1/2024	Hearing Date:	08/07/2024
BOH Deputy Director/Hearing Officer:	Paul C. Moore	Record Closed:	09/27/2024

Appellant Representative:



(by telephone)

MassHealth Representative:

Linah Kunobwa, Charlestown MEC (by
telephone)



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Long-Term Care; Verifications
Decision Date:	10/1/2024	Hearing Date:	08/07/2024
MassHealth Rep.:	Linah Kunobwa	Appellant Rep.:	Consultant
Hearing Location:	Board of Hearings (remote)		

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 6, 2024, MassHealth notified the appellant that her MassHealth application had been denied because she failed to give MassHealth the information needed to decide her eligibility within the required time frame (Exhibit 1). On July 5, 2024, the appellant timely filed an appeal and requested a fair hearing with the Board of Hearings (BOH) (Exhibit 2; 130 CMR 610.015(B)(1)). Denial of assistance is a valid ground for appeal to the BOH (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for long-term care coverage due to missing verifications.

Issue

Was MassHealth was correct in denying the appellant's MassHealth application?

Summary of Evidence

A MassHealth representative from the Charlestown MassHealth Enrollment Center (MEC) testified by telephone that appellant, who is over age 65, applied for MassHealth long-term care coverage on January 10, 2024. She has been a resident of a nursing facility since [REDACTED] 2023. She has a spouse, and he lives in a different nursing facility. After receiving the appellant's application, MassHealth sent a checklist to the appellant seeking verifications of the appellant's income and assets on January 22, 2024, with a due date of April 21, 2024. Not all responsive documentation was received by the due date. Therefore, on May 6, 2024, MassHealth issued a denial notice to the appellant (Exh. 1, Exh. 4). The appellant timely appealed (Exh. 2).¹

The MassHealth representative testified that the following verifications were still missing as of the hearing date: (1) for a joint savings account at Bank #1, monthly statements from January, 2024 through April, 2024, identifying sources of all deposits (other than Social Security benefits) and the purposes of withdrawals/debits from this account in the amounts of \$1,000.00 or more, supported by copies of bills and receipts showing amounts paid; (2) the face values, and current cash surrender values, of two life insurance policies at [REDACTED] Insurance (one purchased by the appellant and the other purchased by her spouse); (3) statement from the nursing facility showing what the appellant has paid privately; (4) copy of balance in appellant's personal needs allowance (PNA) account from the facility; and (5) the source of deposits into the appellant's joint account with her spouse from an entity known as YSA (Testimony, Exh. 4).

The appellant was represented by a consultant, who testified by telephone. She indicated that she is still working with the appellant's son to obtain the missing verifications. The consultant testified that with regard to the appellant's life insurance policy, ownership is being transferred to a funeral home. The funeral home will also become the beneficiary of the life insurance policy. The MassHealth representative stated that this is acceptable; however, MassHealth will also need a copy of an irrevocable funeral home contract, with a list of goods and services purchased by the appellant. The consultant indicated that she understood this. The consultant asked for a record-open period of thirty days to obtain the missing documentation. The deputy director granted this request, giving the appellant until September 6, 2024 to submit the verifications, and giving MassHealth one additional week, until September 13, 2024, to respond (Exh. 5).

On August 19, 2024, the appellant sent email copies of the missing monthly statements from Bank #1, as well as a letter from [REDACTED] Insurance containing the cash surrender value of the appellant's policy, to the deputy director and to the MassHealth representative (Exh. 6).

On September 3, 2024, the deputy director received an email request from the consultant, copied to the MassHealth representative, stating:

¹ The MassHealth representative testified that some additional verifications were received on June 18, 2024, so MassHealth considers that date to be the date of reapplication.

I would like to request an extension on this record open. I have still not received proof that the funeral home has been assigned as beneficiary and owner of [the appellant's] life insurance policy.

I am working with [spouse's nursing facility business office manager], where her husband now is on the transfer explanations. . .

(Exh. 7)

The deputy director granted the appellant's request for an extension of the record-open period through September 20, 2024, apprising the parties of this extension by email on September 5, 2024 (Exh. 8).²

On September 19, 2024, the deputy director received a second email request from the consultant to extend the record-open period for submission of the balance of the verifications; the request stated in relevant part:

The funeral home sent the request to become beneficiary and owner of [appellant's] [REDACTED] Insurance policy on [REDACTED] 2024. We just found out that they are not accepting the change due to her son signing and not suppling a copy of his POA. I was unaware of him having a POA. We are going to have her sign herself today and resubmit as urgent. . . . Currently I am working with another facility on the husband's application as well and waiting for the proof from YSA-YSA which is a health insurance reimbursement. . .

(Exh. 9)

On September 20, 2024, the deputy director agreed to an additional one-week extension, until September 27, 2024, for the appellant's remaining submissions, and also gave MassHealth until October 4, 2024 to respond (Exh. 10).

No additional verifications were received.

Findings of Fact

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

1. The appellant, who is over age 65, filed an application for MassHealth long-term care benefits in January, 2024 (Testimony).

² The deputy director also apprised the appellant that no further extensions would be granted.

2. The appellant has been a resident of a nursing facility since [REDACTED] 2023 (Testimony).
3. After receiving the application, MassHealth sent a checklist to the appellant seeking verifications of the appellant's income and assets on January 22, 2024, with a due date of April 21, 2024 (Testimony, Exh. 4).
4. Not all responsive documentation was received by the due date.
5. On May 6, 2024, MassHealth issued a denial notice to the appellant (Exh. 1).
6. The appellant filed a timely appeal of this denial with the BOH (Exh. 2).
7. As of the hearing date, the missing verifications included: (1) for a joint savings account at Bank #1, monthly statements from January, 2024 through April, 2024, identifying sources of all deposits (other than Social Security benefits) and the purposes of withdrawals/debits from this account in the amounts of \$1,000.00 or more, supported by copies of bills and receipts showing amounts paid; (2) the face values, and current cash surrender values, of two life insurance policies at [REDACTED] Insurance (one purchased by the appellant and the other purchased by her spouse); (3) statement from the nursing facility showing what the appellant has paid privately; (4) copy of balance in appellant's personal needs account (PNA) allowance from the facility; and (5) the source of deposits into the appellant's joint account with her spouse from an entity known as [REDACTED] (Testimony, Exh. 4).
8. The appellant was given a record-open period until September 6, 2024 to submit the missing verifications (Exh. 5).
9. The deputy director received copies of missing bank statements, and a copy of a letter from a life insurance company containing the cash surrender value of the appellant's policy, on August 19, 2024 (Exh. 6).
10. The appellant filed two subsequent requests to extend the record-open period to submit the balance of the missing verifications, both of which the deputy director granted (Exhibits 7 through 10).
11. On or before the extended record-open period deadline of September 27, 2024, not all required verifications were received from the appellant.

Analysis and Conclusions of Law

A MassHealth applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of the MassHealth program including recovery (130 CMR 515.008(A)). Once an application for

benefits is received, MassHealth requests all corroborative information necessary to determine eligibility, 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 not received, MassHealth benefits may be denied (130 CMR 516.001(C)).

In particular, MassHealth regulation 130 CMR 516.001(A), "Filing an Application," states:

(1) Application. To apply for MassHealth

(a) for an individual living in the community, an individual or his or her authorized representative must file a Senior Application online at www.MAHealthConnector.org, complete a paper application, complete a telephone application, or apply in person at a MassHealth Enrollment Center (MEC).

(b) for an individual in need of long-term-care services in a nursing facility, a person or his or her authorized representative must file a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC).

(Emphasis added)

Here, the denial notice at issue concerns the appellant's failure to verify assets and income. The appellant produced some of the missing verifications during a record-open period following the hearing.

The deputy director granted the appellant, upon request, two additional extensions of the record-open period in September, 2024. However, not all missing verifications were produced.

The appellant has thus failed to cooperate in providing all requested corroborative information to determine her eligibility pursuant to 130 CMR 516.001(B), despite a lengthy record-open period.

For these reasons, the 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.

Paul C. Moore
Deputy Director
Board of Hearings

cc: Nga Tran, Appeals Coordinator, Charlestown MEC