

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410734
Decision Date:	11/4/2024	Hearing Date:	8/5/2024
Hearing Officer:	Casey Groff	Record Open to:	10/21/2024

Appearance for Appellant:



Appearance for MassHealth:

Raybrayana Dasher, 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:	Denied	Issue:	Eligibility; LTC; Verifications
Decision Date:	11/4/2024	Hearing Date:	8/5/2024
MassHealth's Rep.:	Raybrayana Dasher	Appellant's Rep.:	
Hearing Location:	Board of Hearings, 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 5/22/24, MassHealth notified Appellant that she was not eligible for MassHealth long-term-care benefits because she did not submit the required verifications by the deadline. See Exhibit 1, p. 2; 130 CMR 515.008. Appellant filed this appeal in a timely manner on 7/10/24. See Exhibit 1, p. 1; 130 CMR 610.015(B). Denial of assistance is a valid ground for appeal. See 130 CMR 610.032. A hearing was conducted on 8/5/24. See Exhibit 2. The record was left open through 10/21/24 for Appellant to submit additional evidence. See Exhibits 6-8.

Action Taken by MassHealth

MassHealth notified Appellant that that she was not eligible for MassHealth benefits because she did not submit required verifications within the allotted time frame.

Issue

The appeal issue is whether MassHealth was correct in denying Appellant's application for MassHealth long-term-care benefits.

Summary of Evidence

A MassHealth eligibility representative appeared at the hearing via telephone and testified as follows: Appellant is a single individual, over the age of 65, and was previously approved for long-term care (LTC) benefits. On 12/19/23, MassHealth mailed a renewal application to Appellant, with a required submission deadline of 2/2/24. On 2/7/24, MassHealth notified Appellant that because it had not received the renewal, her LTC coverage would end on 2/21/24. On 2/14/24, MassHealth received a new LTC application on behalf of Appellant. On 2/16/24, MassHealth sent Appellant a “request for information,” (RFI) seeking verifications with a return date of 5/16/24. On 5/22/24, MassHealth notified Appellant that it denied her application because it did not receive all the requested verifications by deadline. See Exh. 3, p. 4-6. The MassHealth representative testified that, as of the hearing date, MassHealth has still not received a completed signature page for the application and current statements for two of Appellant’s bank accounts (hereinafter referred to individually as “account #1” and “account #2”), as had been requested in the RFI.

A representative for Appellant appeared at the hearing by telephone and testified that she is still trying to obtain Appellant’s bank account information. Based on her inquiries thus far, the bank for account #1 did not return any results associated with Appellant’s Social Security number, leading her to believe that she either did have an account at that bank or that it has since been closed. Appellant’s representative testified that she would try to obtain a letter from this bank, confirming that Appellant has no active accounts. The representative testified that she had put in a request to the bank where account #2 is held and was currently awaiting a response. Accordingly, Appellant requested that the hearing record be left open so she could have additional time to locate and produce the outstanding verifications. Appellant’s request was granted, and the record was initially left open until 9/2/24. See Exh. 6, p. 3-4. Prior to the record open deadline, Appellant provided a status update and requested an extension of the record open period. Id. at 3. The request was granted and on 9/5/24, Appellant produced a letter from the bank for account #2 stating that it “did not locate any accounts for [Appellant] with the information provided” and that it needed additional identifying information such as the “full account number, customer’s address, and customer’s date of birth.” See Exh. 7, Att. A. In response, MassHealth stated that the letter submitted was not sufficient as MassHealth required a closing letter or statement; current bank statement if the account is active, or a letter from the bank confirming that Appellant does not have any active accounts. See Exh. 7.

Following this exchange, Appellant was granted two additional extensions, and ultimately was not able to obtain requested information pertaining to either bank account. See Exh. 7-8. In an email dated 9/18/24, Appellant’s representative stated that both banks have reported that Appellant does not have accounts and, according to the facility business office manager, Appellant’s Social Security payments are being directed to account #2 but getting kicked back to the Social Security office. See Exh. 7. On 10/17/24, MassHealth responded that it still had not received the requested information from either bank. Id. at 1. On 10/21/24, Appellant’s representative acknowledged that she had been unable to obtain the requested bank

information; that Appellant is unable to self-verify over the phone with the banks; and that Appellant's family is "working on getting someone to be [Appellant's power of attorney] to access the information." See Exh. 8. In the 10/21/24 update, Appellant did not request another extension of the record open period. Id.

Findings of Fact

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

1. Appellant is a single individual over the age of 65 and was previously approved for MassHealth LTC benefits.
2. On 2/21/24, Appellant's LTC benefit ended for failure to submit a renewal by the deadline.
3. On 2/14/24, MassHealth received a new LTC application on behalf of Appellant.
4. On 2/16/24, MassHealth sent Appellant a RFI seeking verifications with a due date of 5/16/24.
5. On 5/22/24, MassHealth notified Appellant that it denied her application because it did not receive all the requested verifications by deadline.
6. As of the hearing date MassHealth had still not received current statements for two of Appellant's bank accounts (i.e., "account #1" and "account #2"), as it requested in the RFI.
7. Following the hearing, the record was left open to give Appellant additional time to submit, for either or both accounts: a closing letter or statement; current bank statement(s) if the account(s) is/are active, or a letter from the bank confirming that Appellant does not have any active accounts.
8. As of the record close date of 10/21/24, Appellant did not submit the requested bank information for MassHealth to proceed to an eligibility determination.

Analysis and Conclusions of Law

This appeal concerns whether Appellant failed to submit necessary verifications to allow MassHealth to determine Appellant's eligibility for long-term care (LTC) benefits; and whether MassHealth appropriately denied Appellant's application for coverage on this basis.

Once an application is received, MassHealth requests all corroborative information necessary to determine the individual's eligibility, including information relating to income, assets, residency, citizenship, immigration status, and identity. See 130 CMR 516.001; see also 130 CMR 516.003 (listing eligibility factors that require verification). To establish and maintain eligibility for LTC benefits, individuals, such as Appellant, *must* verify that: (1) their assets do not exceed \$2,000, *and* (2) they have not made any disqualifying transfers of resources (i.e. transfers for less than fair market value) within the last five years.¹ See 130 CMR 519.006(A), see also 130 CMR §§ 520.018, 520.019.

Pursuant to 130 CMR 516.003, MassHealth notifies the applicant of the specific information that is needed to establish eligibility through the following process:

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications.

(2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.

(3) A new application is required if a reapplication is not received within 30 days of the date of denial.

On April 1, 2023, MassHealth extended the time limit for producing verifications from 30 days to 90 days. See Eligibility Operations Memo 23-09 (March 2023).

It is the responsibility of the applicant or member to "cooperate with MassHealth in providing information necessary to establish eligibility... and to comply with all the rules and regulations of MassHealth." See 130 CMR 515.008.

In the present case, Appellant was granted a post-hearing record open period to produce the

¹ Under MassHealth's financial eligibility regulations, an applicant who is "otherwise eligible" may incur a period of disqualification if their asset history reveals that they (or their spouse) transferred resources for less than fair market value. See 130 CMR §§ 520.018, 520.019.

outstanding information. See Exhs. 6-8. Despite the additional time and multiple extensions, Appellant was unable to produce the requested bank account information. Id. As MassHealth was unable to account for all potential assets and/or resource transfers, it was unable to determine Appellant's eligibility for MassHealth benefits. Accordingly, MassHealth did not err in denying Appellant's application for LTC coverage. See 130 CMR 516.001. 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.

Casey Groff
Hearing Officer
Board of Hearings

CC: [REDACTED]

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