

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412231
Decision Date:	03/11/2025	Hearing Date:	09/05/2024
Hearing Officer:	Kimberly Scanlon	Record Open to:	02/07/2025

Appearance for Appellant:



Appearance for MassHealth:

Gloria Medeiros – 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:	03/11/2025	Hearing Date:	09/05/2024
MassHealth's Rep.:	Gloria Medeiros	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 July 1, 2024, MassHealth notified the appellant that she was not eligible to receive MassHealth benefits because she did not submit the information it needed to decide her eligibility within the required timeframe (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on August 7, 2024 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence and for MassHealth to review and respond (Exhibit 7).

Action Taken by MassHealth

MassHealth notified the appellant that she was not eligible to receive MassHealth benefits because she did not submit the information needed to determine her eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that she was not eligible for MassHealth benefits because she did not submit the information needed to determine her 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 she was admitted to the nursing facility on [REDACTED]. The facility is requesting a start date of January 27, 2024. On March 15, 2024, MassHealth received the appellant's application for long-term care benefits. On March 26, 2024, MassHealth notified the appellant that additional information was needed to determine her eligibility, which was due by June 24, 2024. (See, Exhibit 6, pp. 4-10). MassHealth received some of the requested documents on behalf of the appellant. On May 22, 2024, MassHealth sent the appellant a request for additional verifications that remained outstanding. (See, Exhibit 6, pp. 11-17). MassHealth did not receive the requested information. On July 1, 2024, MassHealth sent the appellant a denial notice for failure to submit the requested documentation needed to determine her eligibility (Exhibit 1). As of the date of the hearing, the following verifications were still outstanding:

- Proof that social security has been reinstated;
- SC-1 from the prior nursing facility showing the discharge date;
- Proof of health insurance, copies of health insurance cards and proof of monthly premiums;
- Revised application page listing all of the appellant's bank accounts, and submission of bank statements from the accounts from January 1, 2022 through current, verifying all transactions more than \$1,500 with receipts, verifying all recurring transactions with receipts, and verifying total assets are \$2000 or less with proof of reduction;
- Personal Needs Account information and running balance, and private payment statement and dates covered, if any, from the nursing facility.

(Exhibit 1, pp. 2-3).

The appellant's representative appeared at the hearing by telephone and testified that she has been having trouble obtaining the requested information due to the appellant's family and court-related issues. She further testified that Social Security is currently having an issue with the appellant's immigration status and is holding her social security income until her citizenship is verified.

Following the hearing, the record was left open for a brief period to allow the appellant additional time to submit the outstanding verifications to MassHealth, and for MassHealth to review

submission (Exhibit 7).¹ The MassHealth representative subsequently responded that she did not receive the requested verifications that are still needed to determine the appellant's eligibility (Exhibit 8, p. 1).

Findings of Fact

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

1. The appellant is over the age of 65 and was admitted to the nursing facility on [REDACTED], with a requested start date of January 27, 2024.
2. On March 15, 2024, MassHealth received the appellant's application for long-term care benefits.
2. On March 26, 2024, MassHealth notified the appellant that additional information was needed to determine her eligibility, which was due by June 24, 2024.
3. MassHealth received some of the appellant's requested information.
4. On May 22, 2024, MassHealth notified the appellant of the remaining documentation needed to determine her eligibility. MassHealth did not receive the requested documentation.
4. On July 1, 2024, MassHealth notified the appellant that she was not eligible to receive long term care benefits because she did not submit the requested documentation needed to determine her eligibility.
5. The appellant timely appealed this MassHealth action.
6. As of the hearing date, the following verifications were still outstanding:
 - proof that social security has been reinstated;
 - SC-1 from the prior nursing facility showing the discharge date;
 - proof of health insurance, copies of health insurance cards and proof of monthly premiums;
 - revised application page listing all the appellant's bank accounts, and submission of bank statements from those accounts from January 1, 2022 through current, verifying all transactions more than \$1,500 with receipts, verifying all recurring transactions with receipts, and verifying total assets are \$2000 or less with proof of reduction; and
 - Personal Needs Account information and running balance, and private payment

¹ The appellant requested several record open extensions between October through December 2024 - all requests received during that timeframe were granted.

statement and dates covered, if any, from the nursing facility.

7. Following the hearing, the record was left open for the appellant to submit the outstanding verifications and for MassHealth to review submission.
8. The MassHealth representative subsequently indicated that she did not receive the requested verifications still needed to determine the appellant's eligibility.

Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all rules and regulations of MassHealth, including recovery or maintaining other health insurance. (See, 130 CMR 515.008).

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (See, 130 CMR 516.001). 130 CMR 516.019(B) provides the following, with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of 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(C) sets forth the process regarding the receipt of corroborative information and provides as follows:

If the requested information, with the exception of verification of citizenship, identity, and immigration status is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

In the present case, it is undisputed that the appellant did not submit any of the remaining outstanding documents by MassHealth's due date. It is further undisputed that the appellant did not submit any of the outstanding documentation at the hearing or during the post-hearing record-open period allowed by the hearing officer. Thus, the appellant has not fulfilled her obligations pursuant to 130 CMR 516.001.

Therefore, the action taken by MassHealth was within the regulations and 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