

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412922
Decision Date:	10/25/2024	Hearing Date:	09/17/2024
Hearing Officer:	Casey Groff, Esq.	Record Open to:	10/18/2024

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:	Denied	Issue:	Eligibility; Over 65; Community; Verifications
Decision Date:	10/24/2024	Hearing Date:	09/17/2024
MassHealth's Rep.:	Katrina Edwards	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 8/12/24, MassHealth denied Appellant's application for health care benefits because it determined that Appellant did not submit requested verifications within the required timeframe. See Exhibit 1. The appellant filed this appeal in a timely manner on 8/19/24 and designated his daughter as his appeal representative. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032. The Board of Hearings (BOH) scheduled a hearing to take place on 9/17/24. See Exh. 3. On the afternoon of 9/16/24, the day before the scheduled hearing, Appellant's representative requested that BOH reschedule the hearing because Appellant would be unable to attend due to medical reasons. See Exh. 5, p. 3. BOH denied the request and the hearing took place as scheduled with Appellant's representative in attendance. See id. at 1. At the conclusion of the hearing, the record was left open to give Appellant the opportunity to submit additional evidence. See Exh. 6. The record closed on 10/18/24. See Exh. 7.

Action Taken by MassHealth

MassHealth denied Appellant's application for benefits because it determined that he did not submit the required information needed to determine eligibility within a timely manner.

Issue

The appeal issue is whether MassHealth was correct in denying Appellant's application for MassHealth benefits for failure to provide required verification of eligibility.

Summary of Evidence

A MassHealth eligibility representative appeared at the hearing and testified as follows: Appellant is over the age of 65 and lives in the community. Appellant was enrolled in one of MassHealth's Medicare Savings Plan (MSP) benefits, Senior Buy-In, until his benefit closed on 4/18/24 for failure to submit an annual renewal. On 5/3/24, MassHealth received a senior application for coverage assistance (SACA) from Appellant. In the SACA, Appellant reported that he received social security income, and that he did not have any bank accounts; he declared his marital status as "legally married," and provided the name of his spouse. However, the section of the application requiring spousal information was left empty. MassHealth processed the application and, through a letter dated 5/7/24, requested Appellant submit verification of eligibility by 8/5/24. Included in the notice was a request for additional spousal information, including an answer to whether Appellant was living with his spouse, and if so, to complete and submit the spousal section (which appears as "person 2") on the SACA. If they did not reside together, he needed to provide documentation to verify their separate residencies. As not all verifications were received by the due date, MassHealth issued a notice dated 8/12/24, informing Appellant that his application for senior benefits was denied for "failure to provide required information needed to determine [his] eligibility within the required timeframe [under] 130 CMR 515.008." See Exh. 1. The notice informed Appellant that it had not received the requested spousal information, as well as requested information regarding his Medicare Part D benefit. Appellant timely appealed the 8/12/24 notice. See Exh. 2. The MassHealth representative testified that as of the hearing date, it received all verifications except for the requested spousal information.

Appellant's daughter appeared on behalf of Appellant as his appeal representative. The daughter questioned why MassHealth was asking for this information, noting that her mother (Appellant's wife) was not applying for benefits and has nothing to do with this matter. The representative confirmed that Appellant is legally married, and has been for years, but that he and his wife are "not together." When asked if they were living together, the representative testified that they lived in the same house but were "separate" from each other. She further clarified that Appellant has his own apartment and this is reflected in documentation verifying his address an apartment unit "A."

The representative testified that Appellant has had insurance since 2002 and has never before had to provide spousal information. The representative indicated that if MassHealth factors in his spouse's income, he will be denied. Appellant's representative testified that Appellant is sick with numerous diagnoses. He recently broke his leg and can barely walk. He requires medical treatment and taking away his insurance could cost him his life. She also indicated that Appellant's wife was raising her grandchildren (the representative's niece and nephew), one of whom was under the age of 18 and under guardianship.

The MassHealth representative responded that the 8/12/24 denial was not a determination that Appellant does not meet eligibility criteria; but rather, because MassHealth did not have sufficient information to determine eligibility. If an applicant is legally married and living with their spouse, MassHealth includes the spouse within the applicant's household composition, regardless of whether or not the spouse is also seeking benefits. If Appellant does not live with his spouse, he must verify this fact with supporting documentation. MassHealth acknowledged that Appellant's address does reflect he resides in an apartment; however, MassHealth has no information on the wife, including her address, to compare it with, and which would be needed to show she lives separately from Appellant. The representative also explained that there may be other MassHealth programs, in addition to Senior Buy-In, which Appellant could potentially be eligible for, such as a waiver program or CommonHealth, as Appellant has a verified disability, but until MassHealth has all requested information it cannot proceed to determine his eligibility.

At the conclusion of the hearing, the record was left open for Appellant to complete the spousal information section of the SACA or, alternatively, provide sufficient proof to verify that Appellant does not live with his spouse. See Exh. 6. Additionally, because Appellant was unable to attend the hearing, he was given an opportunity to submit a written statement with the other requested documentation.¹ See id. At the time the record closed on 10/18/24, neither MassHealth nor BOH had received any documentation or further correspondence from Appellant or his representative related to this appeal. See Exh. 7.

Findings of Fact

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

¹ At hearing, Appellant's representative testified that she provided as much information as she could and needed Appellant to speak on his own behalf. As such, the hearing officer offered to either continue the hearing to a later date when Appellant could attend or, alternatively, allow Appellant the opportunity to submit a written statement as part of the record open period. Appellant's representative opted for the latter option, noting she could help him prepare a written statement.

1. Appellant is over the age of 65, married, and lives in the community. (Testimony).
2. Appellant was enrolled in Senior Buy-In until his benefit closed on 4/18/24 for failure to submit an annual renewal. (Testimony; Exh. 3).
3. On 5/3/24, MassHealth received a senior application from Appellant, in which Appellant declared his marital status as “legally married” and provided the name of his spouse; however, the section of the application requiring spousal information was left empty. (Testimony).
4. Through a letter dated 5/7/24, MassHealth requested Appellant submit verifications, due by 8/5/24, including an answer to whether Appellant was living with his spouse, and if so, to complete and submit the spousal section on the SACA; and if not, to provide sufficient documentation to prove he did not live with his spouse. (Testimony).
5. MassHealth did not receive all requested verifications by the 8/5/24 deadline. (Exh. 1; Testimony).
6. MassHealth issued a notice dated 8/12/24, informing Appellant that his application for senior benefits was denied for “failure to provide required information needed to determine [his] eligibility within the required timeframe [under] 130 CMR 515.008.” (Exhibit 1; Testimony).
7. As of the hearing date, MassHealth received all verifications except for the requested spousal information. (Testimony).
8. At the conclusion of the hearing, the record was left open for Appellant to complete the spousal information section of the SACA or, alternatively, sufficient proof to verify that Appellant does not live with his spouse. (Exh. 6).
9. As of 10/18/24, MassHealth nor BOH had received documentation or further correspondence from Appellant or his representative related to this appeal. (Exh. 7).

Analysis and Conclusions of Law

MassHealth provides access to health care by determining eligibility for the coverage type that provides the most comprehensive benefits for a person who may be eligible. See 130 CMR 515.003(A). The type of coverage for which a person is eligible is based on the person’s and the

spouse's income and assets, among other factors. See 130 CMR 515.003(B). Once an application is received and processed by MassHealth, MassHealth will request all corroborative information necessary to determine whether the applicant is eligible for medical assistance. See 130 CMR 516.001. This process, as outlined in 130 CMR 516.001(B), provides the following:

- (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 [90] days of the date of the request, and of the consequences of failure to provide the information.²

Once a request for information is issued, the applicant must provide complete and accurate information to MassHealth regarding household composition and household income, among other factors needed to determine the applicant's eligibility for benefits.³ It is the responsibility of the applicant to "cooperate with MassHealth in providing information necessary to establish eligibility... and to comply with all the rules and regulations of MassHealth." 130 CMR 515.008. If the requested information is "received within [90] days of the date of the request, the application is considered complete [and] MassHealth will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible." See 130 CMR 516.001(C). If the requested information is not received by the regulatory deadline, "MassHealth coverage will be denied." See 130 CMR 516.003(D)(2); see also 130 CMR 516.001(C).

In accordance with 130 CMR 516.001(B), above, MassHealth notified Appellant of the required information he needed to submit by 8/5/24, 90 days from the notice, in order for MassHealth to determine his eligibility for benefits. The notice advised Appellant that he needed to complete the spousal information section of the SACA, or, alternatively, submit documentation to verify that he was not living with his spouse. When MassHealth did not receive this information by the deadline, it appropriately notified Appellant, via its 8/12/24 letter, that his application was denied for failure to provide adequate verification to determine his eligibility for benefits. See Exhibit 1; 130 CMR 516.003(D)(2); see also 130 CMR 516.001(C).

² 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).

³ MassHealth regulations at 130 CMR 520.002, which governs financial eligibility and responsibilities of community residents, provides, in relevant part, the following: (1) Spouses Living Together. In the determination of eligibility for MassHealth, the total countable-income amount and countable assets of the individual and the spouse who are living together are compared to an income standard and asset limit, unless one spouse is covered by MassHealth under a home- and community-based service waiver, as described in 130 CMR 519.007(B): *Home-and Community-based Services Waiver-Frail Elder*. (2) Spouses Living Apart When spouses live apart for reasons other than admission to a medical institution, their assets and income are considered mutually available only through the end of the calendar month of separation.

At the hearing, Appellant, through his representative, did not dispute having not provided the information; but rather, argued that Appellant should not be required to provide spousal information because of their separate living situation. The record was left open for Appellant to submit proof of their separate living arrangements, or, alternatively, to complete the spousal information section of the SACA. See Exh. 6. Despite the extended time, neither MassHealth nor BOH received a response or further information from Appellant. See Exh. 7. As such, MassHealth was unable to determine Appellant's financial eligibility for benefits based on the verifications submitted. Based on the regulations, MassHealth did not err in denying Appellant's request for MassHealth benefits. See 130 CMR 515.008; see also 130 CMR 516.001(C).

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, Esq.
Hearing Officer
Board of Hearings

cc:

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