Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2414042
Decision Date:	10/30/2024	**Hearing Date:**	10/08/2024
Hearing Officer:	Radha Tilva		

Appearance for Appellant:
[redacted]

Appearance for MassHealth:
Sean Brescia, Tewksbury MEC Rep.

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:**	LTC – over 65 – verification
Decision Date:	10/30/2024	**Hearing Date:**	10/08/2024
MassHealth's Rep.:	Sean Brescia	**Appellant's Rep.:**	[redacted]
Hearing Location:	Telephonic	**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 August 12, 2024, MassHealth determined that they would terminate MassHealth benefits effective August 31, 2024 because appellant did not submit the requested information in time (Exhibit 1). The appellant filed this appeal in a timely manner on September 11, 2024 (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 appellant's MassHealth benefits for failure to submit the requested documentation.

Issue

The appeal issue is whether MassHealth was correct in terminating appellant's MassHealth benefits.

Summary of Evidence

The MassHealth representative that appeared by telephone testified to the following: the appellant, who is over age 65 and was living in the community, completed a renewal application on April 19, 2024. MassHealth processed the renewal and sent out a request for verifications that same day requesting information on the applicant's bank account, which was due back on August 6, 2024. The information was not timely received, so a termination notice was issued on August 12, 2024 stating that appellant would be terminated from MassHealth benefits effective August 31, 2024 for failure to verify (Exhibit 1). Appellant appealed that notice to the Board of Hearings on September 11, 2024.

On September 16, 2024 MassHealth received an SC-1 notification that appellant was in a short-term rehabilitation facility. MassHealth mailed the appellant a SACA (application) with a long-term care supplement for him to complete. The MassHealth representative received the bank statement and processed it on the hearing day, October 8, 2024, but testified that a new application was needed because the bank statement appellant provided was not given within the 30-day period and he was now living in a rehabilitation facility.

The MassHealth representative explained that appellant has a gross monthly income of $1,848.00 per month, which is 147% of the federal poverty level (Exhibit 3). The limit for MassHealth Standard for a household size of one is $1,215.00 per month. The appellant is asset eligible, but has income above the MassHealth Standard limit. It was explained to appellant and his representative that there was no active disabled working adult letter in the system to continue appellant on his CommonHealth benefits, and that an updated one would have to be submitted in order for them to determine if he is eligible for MassHealth CommonHealth.

The appellant appeared by telephone along with an application specialist. The appellant's representative testified that appellant was in the hospital for a couple of months and did not know that he did not have MassHealth until he got to the rehabilitation facility. The appellant only has a debit card and does not have a bank statement, but did submit a copy of the debit card statement to MassHealth. The appellant explained that he has brain atrophy and was anxious and having a hard time understanding the conversation. The appellant's representative explained that appellant had used a letter from someone the appellant used to do work for in the past as a "working disabled" letter, but that person passed away, and the appellant is no longer able to do work/get a letter from anyone for whom he is doing work. The representative understood that MassHealth required appellant complete a SACA and long-term care supplement.

Findings of Fact

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

1. The appellant, who is over age 65 and was living in the community, filled out a renewal for MassHealth coverage on April 19, 2024.

2. MassHealth processed the renewal and sent out a request for verifications on April 19, 2024, requesting information on the appellant's bank account, which was due August 6, 2024.

3. The information was not timely received, so a termination was issued on August 12, 2024 stating that appellant would be terminated from MassHealth benefits effective August 31, 2024 for failure to verify.

4. On September 16, 2024 MassHealth received an SC-1 notification that appellant was in a short-term rehabilitation facility.

    a. MassHealth mailed a SACA application and long-term care supplement.

5. MassHealth received the missing bank statements on October 8, 2024, the date of the hearing.

6. MassHealth processed the bank statements, but requires that appellant complete a new application because the statements were not received within 30 days of MassHealth's request, and because the appellant is no longer living in the community.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth erred in terminating appellant's MassHealth benefits for failure to verify. MassHealth issued a request for missing information following completion of a renewal on April 19, 2024. 130 CMR 516.003(D) explains the time standards for 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.

It is the responsibility of the applicant or member to cooperate with MassHealth in providing information to determine or maintain eligibility (130 CMR 515.008(A)). As explained above, an applicant/member has 30 days from the receipt of the request for information to provide verifications. The information was not timely received here, so a termination notice was issued on August 12, 2024, which is well past the 30 days from the date of the request for missing

verifications. Thus, MassHealth did not err in terminating appellant's MassHealth benefits for failure to verify.

MassHealth processed the missing bank information on the date of the hearing, October 8, 2024. As the missing information was not received within 30 days of the termination notice, MassHealth did not err in requiring a new application of the applicant (130 CMR 516.003(D)(3)). The correct application was mailed to the applicant by the MassHealth case worker based on appellant no longer living in the community.

Based on the above analysis 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.

Radha Tilva
Hearing Officer
Board of Hearings

[redacted]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957