


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2415715
Decision Date:	1/27/2025	Hearing Date:	11/05/2024
Hearing Officer:	Kimberly Scanlon	Record Open to:	01/17/2025

Appearance for Appellant:

 Appeal Representative

Appearance for MassHealth:

Jennifer Carroll – 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; Under 65; Long-term care; Verifications
Decision Date:	1/27/2025	Hearing Date:	11/05/2024
MassHealth's Rep.:	Jennifer Carroll	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 September 18, 2024, MassHealth notified the appellant that he was not eligible to receive MassHealth benefits because he did not submit the information it needed to decide his eligibility within the required timeframe (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on October 10, 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 6).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that he was not eligible for MassHealth benefits because he did not submit the information needed to determine his eligibility within the required timeframe.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is under the age of 65. His MassHealth application for long-term care benefits was received on April 17, 2024. On June 13, 2024, MassHealth notified the appellant that additional information was needed to determine his eligibility, which was due by September 11, 2024. (See, Exhibit 5, pp. 2-4). MassHealth did not receive any of the requested documentation. On September 18, 2024, MassHealth notified the appellant that he is not eligible for benefits because he did not provide the requested documentation needed to determine his eligibility (Exhibit 1). As of the date of the hearing, the following verifications were still outstanding:

- Adult Disability Supplement to be completed fully, along with all medical releases to be sent directly to DES, with a copy sent to MassHealth;
- Verification that the appellant applied for Social Security Disability (SSDI), including proof that he applied for all other payer sources, as MassHealth is considered payor of last resort;
- Current letter from Global life insurance policy, showing face value and current cash surrender value;
- Bank statements from a checking account from January 1, 2024 through current, verifying all transactions more than \$1,500;
- Documentation regarding whether the appellant's deed to his property that was transferred on April 22, 2024 was transferred back into his name, to cure the disqualifying transfer;
- Personal Needs Account statement from the facility showing activity from admit through current, and a private payment statement for long-term care services from the facility showing amount paid to date, private rate, and dates paid through. If there have been no private payments made, a letter from the facility stating that is needed; and
- Nursing Facility Screening Notification.

(Exhibit 1, pp. 3-4).

The appellant's representative appeared at the hearing by telephone and testified that both she and MassHealth have attempted to obtain the missing verifications from the appellant's family members to no avail. The MassHealth representative suggested having a conservator appointed for the appellant to assist with obtaining the outstanding documentation.

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 6). The record was further extended until January 17, 2025 (Exhibit 7). The MassHealth representative subsequently responded that she did not receive any of the requested documentation (Exhibit 8).

Findings of Fact

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

1. The appellant is under the age of 65 and MassHealth received his application for long term care benefits on April 17, 2024.
2. On June 13, 2024, MassHealth notified the appellant that additional information was needed to determine his eligibility, which was due by September 11, 2024.
3. MassHealth did not receive the requested documentation by the due date.
4. On September 18, 2024, MassHealth notified the appellant that he was not eligible to receive long term care benefits because he did not submit the requested documentation needed to determine his eligibility.
5. The appellant timely appealed this MassHealth action.
6. As of the hearing date, the following verifications were still outstanding: Adult Disability Supplement to be completed fully, along with all medical releases to be sent directly to DES, with a copy sent to MassHealth; Verification that the appellant applied for Social Security Disability (SSDI), including proof that he applied for all other payer sources, as MassHealth is considered payor of last resort; Current letter from Global life insurance policy, showing face value and current cash surrender value; Bank statements from a checking account from January 1, 2024 through current, verifying all transactions more than \$1,500; Documentation regarding whether the appellant's deed to his property that was transferred on April 22, 2024 was transferred back into his name; Personal Needs Account statement from the facility showing activity from admit through current, and a private payment statement for long-term care services from the facility showing amount paid to date, private rate, and dates paid through. If there have been no private payments made, a letter from the facility stating that, and Nursing Facility Screening Notification.
7. Following the hearing, the record was left open for a brief period for the appellant to submit the outstanding verifications and for MassHealth to review submission. The record was further extended until January 17, 2025.

8. The MassHealth representative subsequently indicated that she did not receive any of the requested verifications.

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 outstanding information by MassHealth's due date. It is further undisputed that the appellant did not submit any of the outstanding information at the hearing or during the post-hearing record-open period allowed by the hearing officer. Thus, the appellant has not fulfilled his 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