

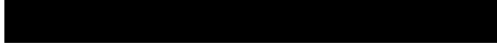
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417204
Decision Date:	1/13/2025	Hearing Date:	12/11/2024
Hearing Officer:	David Jacobs		

Appearances for Appellant:



Appearances for MassHealth:

Jessica Adamiec, Charlestown MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Verifications
Decision Date:	1/13/2025	Hearing Date:	02/11/2024
MassHealth Rep.:	Jessica Adamiec	Appellant Rep.:	
Hearing Location:	Board of Hearings (Remote)		

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 October 21, 2024, MassHealth notified the appellant that he is not eligible for MassHealth long-term care benefits because he did not give MassHealth the information it needs to decide his eligibility within the required time frame (Exhibit 1). The appellant filed a timely appeal on November 8, 2024 (Exhibit 2). The denial of assistance is valid grounds for appeal (130 CMR 610.032(A)).

Action Taken by MassHealth

MassHealth notified the appellant that he is not eligible for MassHealth long-term-care services because he did not give MassHealth the information it needs to decide his eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits?

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified in summary as follows: The appellant applied for MassHealth long-term care benefits on June 18, 2024 with a requested start date of May 16, 2024 (Exhibit 6). On October 21, 2024, a denial was issued for missing verifications (Exhibit 1). The MassHealth representative testified that they still need documents that show the face and cash value of a [REDACTED] life insurance policy belonging to the appellant (Exhibits 1 and 6).

The appellant representative appeared at the hearing telephonically. She conceded to the facts laid out by MassHealth and testified that she needed additional time to submit the requested life insurance policy information. Therefore, the hearing officer left the record open until January 2, 2025, for the appellant representative to submit documents and until January 9, 2025 for MassHealth to review the submissions (Exhibit 7). On December 19, 2024, the appellant represented submitted a letter from [REDACTED] stating that the life insurance policy at issue at been paid out to the appellant on July 2, 2024 (Exhibit 8). That same day, the MassHealth representative responded that the letter was insufficient to satisfy the request because it did not contain the face and cash value of the life insurance policy (Exhibit 9, pg. 1). No further communications were made by the appellant representative until the record close date of January 2, 2025 (Exhibit 9, pg. 2).

Findings of Fact

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

1. On June 18, 2023, the appellant applied for MassHealth long-term care benefits.
2. On October 21, 2024, the appellant was denied for missing verifications.
3. The missing verifications are documents showing the face and cash value of a [REDACTED] life insurance policy.
4. The record was left open until January 2, 2025, for the appellant representative to submit the requested documents and until January 9, 2025 for MassHealth to review them.
5. On December 19, 2024, the appellant representative submitted a letter from [REDACTED] stating that the policy had been paid out on July 2, 2024.
6. On December 19, 2024, the MassHealth representative rejected the letter as satisfying the verification request because it did not show the face and cash value of the life insurance policy at issue.

7. On January 2, 2025, the record closed without any further communications from the appellant representative.

Analysis and Conclusions of Law

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility (130 CMR 516.001). 130 CMR 516.001(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 the 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, except for 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.

Here, MassHealth requested the face and cash value of a [REDACTED] life insurance policy belonging to the appellant (Exhibits 1 and 6). The appellant representative responded to this request with a letter from [REDACTED] stating that the policy was paid out to the appellant on July 2, 2024 (Exhibit 8). It contains no information about the face and cash value of the policy. Therefore, it is found that the submitted documents do not satisfy MassHealth's request. As such, the appellant has not demonstrated that MassHealth determination was made in error.

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.

David Jacobs
Hearing Officer
Board of Hearings

cc: Charlestown MEC