

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed; Approved in part	Appeal Number:	2500272
Decision Date:	04/15/2025	Hearing Date:	02/10/2025
Hearing Officer:	Scott Bernard	Record Open to:	04/02/2025

Appearance for Appellant:



Appearance for MassHealth:

Mandy Lau (Charlestown MEC) *via* telephone



*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:	Dismissed; Approved in part	Issue:	Long Term Care/Verifications
Decision Date:	04/15/2025	Hearing Date:	02/10/2025
MassHealth's Rep.:	Mandy Lau	Appellant's Rep.:	
Hearing Location:	Springfield MassHealth Enrollment Center	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 December 18, 2024, MassHealth terminated the appellant's Long Term Care (LTC) benefits because it determined that the appellant failed to submit a requested annual review. (See 130 CMR 516.001 and Exhibit (Ex.) 1). The appellant, through the appellant's authorized representative, submitted this appeal in a timely manner to the Board of Hearings on January 6, 2025. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the conclusion of the hearing, the record was initially left open until March 12, 2025 for the appellant's representative to submit further verifications and until March 26, 2025 for the MassHealth representative to review those verifications. (Exs. 8, 9). On April 2, 2025, after inquiry from the hearing officer, the MassHealth representative confirmed that she had not received all outstanding verifications, at which time the record closed. (Id.).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth LTC benefits for failure to submit a requested annual review form.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 508.008 and 516.001, in determining that the appellant failed to submit a requested annual review form.

Summary of Evidence

The hearing was attended telephonically by an eligibility worker from the Springfield MassHealth Enrollment Center (MEC) and the appellant's representative.

The MassHealth representative testified to the following. The appellant is an individual over the age of 65 who was admitted to the nursing facility in 2021 and began receiving MassHealth LTC benefits in 2021. (Ex. 3; Testimony). MassHealth sent the appellant an annual review form to determine continuing eligibility. (Testimony). After the appellant failed to return the annual review, MassHealth issued a termination notice on December 18, 2024 and such notice was timely appealed and at issue in this hearing. (Testimony; Ex. 1). The MassHealth representative stated that subsequent to the December 18, 2024 termination notice, the appellant submitted the annual review form. The MassHealth representative stated that MassHealth sent the appellant a Request for Information on January 14, 2025. Specifically, MassHealth requested confirmation of a private pension listed in the record (Advance Local), along with bank statements for a [REDACTED] account ending in [REDACTED] covering the period from January 2024 through January 2025. (Testimony). In addition, MassHealth required clarification regarding the appellant's Social Security benefits, including whether the appellant is receiving such benefit, where the funds are deposited, or the reason for non-receipt. (Testimony). Finally, MassHealth requested that the appellant's nursing facility submit a new SC-1 form to complete the verification process. (Testimony).

The appellant's representative testified to the following. The appellant's representative had recently spoken with the appellant's daughter, who was previously unaware of the situation due to living out of town and the appellant being non-verbal. (Testimony). After meeting with the appellant's representative, the daughter signed a financial information release form, which had been sent out, and the appellant's representative was awaiting the return of the requested information so she could fax it in. (Testimony). Additionally, the appellant's representative had drafted a letter regarding the pension, which the daughter signed and mailed. (Testimony). The appellant's representative requested 30 days to gather and submit all necessary documents, noting uncertainty about how long the retrieval process would take. (Testimony). The MassHealth representative stated that once she receives all the required documentation, she would need approximately two weeks to complete her review. (Testimony).

Although the issue on appeal regarding failure to submit the annual review form had resolved, in the interest of efficiency, the record was left open to give the appellant the opportunity to submit the verifications in the January 14, 2025 Request for Information, in the hopes of avoiding a termination notice for failure to submit verifications. The appellant's representative and the

MassHealth representative were sent the record open form on February 10, 2025 (the date of the hearing). (Ex. 8; Ex. 9, p. 1). The record open form stated that the appellant's representative had until March 12, 2025 to submit the following:

- Proof of Income from Private Pension [REDACTED] pension stubs showing all deductions.
- Proof of Bank Account Information from Checking Account [REDACTED] 01/2024-01/2025 bank statements. Verify source of all deposits and verify where withdrawals of \$1000 and over went from all accounts back to 01/2024. If the account is closed, please provide letter from bank with date account closed. Send in proof of where the funds went at closing.
- Proof of Bank Account Information from Personal Needs Allowance (PNA) Account PNA XXXXXX 1: Send in PNA statement from admit to the present. Send in private pay letter listing all the payments paid to the facility and what dates it covered (if any). Verify where Social Security income is deposited. If you don't receive Social Security income, send in proof of why you do not receive Social Security income or else show you have applied for it.
- Send in new SC-1 Form.
- Nursing Facility Screening Notification. (Ex. 8).

The MassHealth representative was then given until March 26, 2025 to determine whether submitted verifications were sufficient to allow MassHealth to issue a notice of continued eligibility. (Id.).

On March 17, 2025, after reviewing documents submitted in late February, the MassHealth representative identified missing verifications, including proof of income from a private pension (Advance Local) for 2024 and 2025, pension stubs related to the [REDACTED] observed in [REDACTED] and clarification regarding any private pay payments made to the facility. (Ex. 9, pp. 2-3). The MassHealth representative also requested documentation regarding the appellant's Social Security status—specifically, proof of receipt, denial, or application. (Id.). The appellant's representative responded that no private pay payments had been made as of February 27, 2025, and while a financial release form had been signed, the appellant's family was unaware of any additional accounts. (Ex. 9, p. 4). On March 18, 2025, the appellant's representative submitted an updated SC-1 form and verification for the Advance Local pension, but confirmed that she did not believe the appellant had applied for Social Security. (Ex. 9, pp. 8-17). The MassHealth representative followed up on March 26, 2025 requesting proof of the SSA application. (Ex. 9, p. 18). On April 2, 2025, the hearing officer inquired whether MassHealth could issue a new eligibility notice or whether necessary verifications were still missing. (Ex. 9, p. 19). The MassHealth representative responded that MassHealth still required proof that the appellant had

applied for Social Security in order to move forward. (Ex. 9, p. 20).

Findings of Fact

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

1. The appellant is an individual over the age of 65 who was admitted to the nursing facility in 2021 and began receiving MassHealth LTC benefits in 2021. (Ex. 3; Testimony).
2. MassHealth sent the appellant an annual review form which the appellant failed to return in a timely manner, resulting in a termination notice dated December 18, 2024. (Testimony).
3. The appellant timely appealed the December 18, 2024 termination notice.
4. Subsequent to the December 18, 2024 termination notice and prior to the hearing, the appellant submitted the annual review form.
5. MassHealth sent the appellant a Request for Information dated January 14, 2025, with a list of requested verifications.
6. The appellant's representative requested 30 days to gather and submit all necessary documents. (Testimony).
7. The appellant's representative explained that she needed more time because the appellant's out-of-town daughter, previously unaware of the situation due to the appellant being non-verbal, had only recently signed a financial information release form—now pending a response—and had also signed and mailed a letter regarding the appellant's pension at the representative's request. (Testimony).
8. The MassHealth representative stated that once she received all the required documentation, she would need approximately two weeks to complete her review. (Testimony).
9. The appellant's representative and the MassHealth representative were sent the record open form on February 10, 2025 (the date of the hearing) listing all the documents the appellant's representative needed to submit by March 12, 2025. (Ex. 8; Ex. 9, p. 1).
10. The MassHealth representative was then given until March 26, 2025 to determine whether submitted verifications were sufficient to allow MassHealth to issue an eligibility notice. (Ex. 8; Ex. 9, p. 1).
11. On March 17, 2025, the MassHealth representative identified missing verifications, including pension income, private pay details, and Social Security documentation, while the

appellant's representative noted no private payments had been made, a release form was signed, and the family knew of no other accounts. (Ex. 9, pp. 2–4).

12. On March 18, 2025, the appellant's representative submitted an updated SC-1 form and verification for the Advance Local pension but confirmed that she did not believe the appellant had applied for Social Security. (Ex. 9, pp. 8-17).
13. The MassHealth representative followed up on March 26, 2025 requesting proof of the SSA application. (Ex. 9, p. 18).
14. On April 2, 2025, the hearing officer asked whether MassHealth could issue a new eligibility notice and the MassHealth representative responded that proof the appellant had applied for Social Security was still required. (Ex. 9, pp. 19-20).

Analysis and Conclusions of Law

A MassHealth applicant is required to cooperate in providing information necessary to establish eligibility and must comply with all MassHealth rules and regulations, including those related to recovery and obtaining or maintaining other health insurance. (130 CMR 515.008(A)).

Annual Renewals. The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's changes in circumstances or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within requested time frames. The MassHealth agency updates eligibility based on information received as the result of such review. The MassHealth agency reviews eligibility...(2) through a written update of the member's circumstances on a prescribed form.

(130 CMR 516.007(A)(2)).

Review Form for Individuals in Need of Long-term-care Services in a Nursing Facility. If the individual is in need of long-term-care services in a nursing facility and his or her continued eligibility cannot be determined based on reliable information contained in his or her account or electronic data match with federal and state agencies, a written update of the member's circumstances on a prescribed form must be completed.

(a) The MassHealth agency will notify the member of the need to complete the prescribed review form.

(b) The member will be given 45 days to return the review form to the MassHealth agency.

1. If the review is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic data matches if available.

2. If the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.

3. If the requested review form is submitted within 30 days from the date of the termination, a second eligibility determination is made within 15 days. Eligibility may be established retroactive to the date of termination, if otherwise eligible.

(c) If the member's coverage type changes, the start date for the new coverage type is effective as of the date of the written notice.

(130 CMR 516.007(C)(3)).

The issue on appeal is the December 18, 2024 termination of the appellant's LTC benefits based on a failure to return the annual eligibility review form. As of the date of hearing, the appellant had submitted such form and MassHealth does not dispute that it now has the appellant's eligibility review form.

The hearing officer may not exclude evidence solely because it was not previously submitted to the acting entity, provided the acting entity representative is given reasonable time to respond to any new evidence. Any adjustments to the appellant's eligibility status will take effect on the date when all eligibility conditions were met, regardless of when supporting evidence is submitted. (130 CMR 610.071(A)(2)).

Because MassHealth now has the appellant's annual eligibility review form, the issue on appeal is resolved. Because the issue regarding the annual eligibility review form is resolved, the appeal is dismissed pursuant to 130 CMR 610.035(A)(8).

At the hearing, it was learned that MassHealth had already issued a request for information on January 14, 2025 and, in the interest of efficiency, the hearing officer allowed time for the appellant to submit the requested information, even though the issue of failure to submit verifications was premature. The appellant did not submit all the requested verifications and thus MassHealth could not issue a notice of approval of eligibility. It appears that the only outstanding verification is proof that the appellant applied for Social Security benefits, but I leave it to MassHealth to make a final determination on that issue. The appeal is approved insofar as the appellant's MassHealth benefits are open retroactive to the termination date of January 1, 2025. MassHealth may issue a new notice of termination for failure to submit requested verifications, specifying the remaining outstanding verifications.

Order for MassHealth

Rescind the notice dated December 18, 2024 and reopen the appellant's MassHealth LTC benefits retroactive to the termination date of January 1, 2025. Issue a new notice based on the January 14, 2025 request for information regarding any outstanding verifications.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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.

Scott Bernard
Hearing Officer
Board of Hearings

[REDACTED]

Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104