

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2154878
<b>Decision Date:</b>	10/19/2021	<b>Hearing Date:</b>	08/02/2021
<b>Hearing Officer:</b>	Alexandra Shube	<b>Record Open to:</b>	10/04/2021

**Appearance for Appellant:**



**Appearance for MassHealth:**

*Via telephone:*

Katie LaDuke, Springfield 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

<b>Appeal Decision:</b>	Dismissed	<b>Issue:</b>	LTC Eligibility – Verifications
<b>Decision Date:</b>	10/19/2021	<b>Hearing Date:</b>	08/02/2021
<b>MassHealth’s Rep.:</b>	Katie LaDuke	<b>Appellant’s Rep.:</b>	██████████
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	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 June 7, 2021, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant failed to submit verifications in a timely manner (see 130 CMR 516.001 and Exhibit 1). The appellant filed this appeal in a timely manner on June 27, 2021 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

The record in this appeal was initially held open until October 1, 2021 for the appellant to submit the missing verifications and until October 8, 2021 for MassHealth to review and respond to the appellant’s submission. Ultimately, the record closed on October 4, 2021 with MassHealth’s response.

## Action Taken by MassHealth

MassHealth denied the appellant’s application for MassHealth benefits for failure to submit requested verifications in a timely manner.

## **Issue**

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant failed to submit requested verifications in a timely manner.

## **Summary of Evidence**

The MassHealth representative appeared at hearing via telephone and testified as follows: the appellant was a single individual over the age of 65 who was a resident of a nursing facility. On April 27, 2021, MassHealth received a long-term care application on behalf of the appellant. MassHealth had not yet received the SC1, so did not know the requested start date. On May 3, 2021, MassHealth issued an information request with a due date of June 7, 2021. MassHealth did not receive the requested documentation and on June 7, 2021 issued a denial notice for failure to submit verifications, which is the notice under appeal. As of hearing, MassHealth was missing the nursing screen, SC1, and verification of the disposition of funds for four withdrawals and two deposits from one of the appellant's bank accounts.

The appellant's representative, the business office manager from the facility, appeared at hearing via telephone and testified as follows: the facility had been dealing with a power of attorney who has now been reported to the state for mishandling funds. There is now a lawyer involved who is helping to obtain the requested information. One of the withdrawals mentioned by MassHealth corresponds to the funeral contract, but they need some additional time to have the lawyer gather the remaining information.

At the request of the appellant, the record was held open until October 1, 2021 for the appellant to submit the missing verifications. MassHealth was given until October 8, 2021 to review and respond to the appellant's submission. On October 4, 2021, the MassHealth representative stated via email that all missing verifications had been received and the original application date was honored when MassHealth issued its new determination. The record was closed on October 4, 2021.

## **Findings of Fact**

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

1. The appellant was a single individual over the age of 65 who was a resident of a nursing facility (Testimony and Exhibit 4).
2. MassHealth received a long-term care application on behalf of the appellant on April 27, 2021 (Testimony and Exhibit 5).
3. MassHealth issued a request for information on May 3, 2021 with a due date of June 2, 2021, but did not receive the requested verifications and issued a denial notice on June 7, 2021 (Testimony and Exhibits 1 and 5).

4. The appellant timely appealed the denial notice on June 27, 2021 (Exhibit 2).
5. At the time of hearing, MassHealth was missing the nursing screen, SC1, and verification of the disposition of funds for four withdrawals and two deposits from one of the appellant's bank accounts (Testimony and Exhibit 5).
6. At the request of the appellant, the record was left open until October 1, 2021 for the appellant to submit the missing verifications and until October 8, 2021 for MassHealth to review and respond (Testimony and Exhibit 6).
7. At the close of the record open period, MassHealth had received all of the missing verifications and honored the original application date of April 27, 2021 when issuing a new determination (Exhibit 7).
8. The record closed on October 4, 2021 (Exhibit 7).

## **Analysis and Conclusions of Law**

Pursuant to 130 CMR 515.008(A), an “applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility...” After receiving an application for MassHealth benefits, MassHealth proceeds as follows:

The MassHealth agency requests all corroborative information necessary to determine eligibility.

(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(B)). “If the requested information...is received [by MassHealth] within 30 days of the date of the request, the application is considered complete....If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.” (130 CMR 516.001(C)).

MassHealth denied the appellant's application for failure to submit all of the requested information within the required time frame. At the close of the record open period, MassHealth had received the missing verifications necessary to process the case and issued a new determination honoring the original application date.

As the issue in this appeal is verifications and all verifications have been received, this appeal is dismissed.

## **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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc:

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

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