

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |                |                       |            |
|-------------------------|----------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied         | <b>Appeal Number:</b> | 2177091    |
| <b>Decision Date:</b>   | 10/27/2021     | <b>Hearing Date:</b>  | 10/18/2021 |
| <b>Hearing Officer:</b> | Marc Tonaszuck |                       |            |

**Appearance for Appellant:**



**Appearance for MassHealth:**

Jamie Lapa, Springfield Intake



*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>   | Denied   | <b>Issue:</b>            | Long Term Care |
| <b>Decision Date:</b>     | 10/27/2021                                     | <b>Hearing Date:</b>     | 10/18/2021     |
| <b>MassHealth's Rep.:</b> | Jamie Lapa                                     | <b>Appellant's Rep.:</b> |                |
| <b>Hearing Location:</b>  | Springfield<br>MassHealth<br>Enrollment Center |                          |                |

## 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 08/16/2021, MassHealth informed the appellant that it reviewed her application for MassHealth and that she is not eligible because she failed to submit verifications (130 CMR 515.008; Exhibit 1). The appellant filed this appeal timely on 09/16/2019 (130 CMR 610.015(B); Exhibit 2) <sup>1</sup>. Denial of assistance is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's application for Long Term Care (LTC) benefits for failure to submit requested verifications.

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<sup>1</sup> In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends:
  - All appeal hearings will be telephonic; and
  - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

## **Issue**

The issue is whether the requested verifications were submitted to MassHealth.

## **Summary of Evidence**

The MassHealth representative testified that the appellant is a resident of a skilled nursing facility. An application for MassHealth long term care (LTC) benefits was submitted on the appellant's behalf on 06/29/2021. As part of the eligibility process, MassHealth sent to the appellant a request for information (VC-1) on 07/19/2021, seeking verifications. As of the date of the fair hearing, none of the requested verifications have been received by MassHealth. The missing verifications are the following:

- Health insurance information and premium bill;
- Bank account where social security check is deposited – statements 08/01/2020 to present showing owner's name, name of financial institution, account number, running balance and verification of all transactions of \$1,000.00 or more;
- Wells Fargo Bank Account – statements from 08/01/2020 through present showing owner's name, name of financial institution, account number, running balance and verification of all transactions of \$1,000.00 or more.

The appellant's representative appeared at the fair hearing and testified telephonically. She acknowledged that the missing verifications had not yet been sent to MassHealth. She explained that the appellant's brother has been trying to obtain the information, but he is having difficulty. The appeal representative did not state when she expected to be able to provide the verifications to MassHealth.

## **Findings of Fact**

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

1. The appellant, a nursing facility resident, applied for MassHealth benefits on 06/29/2021.
2. MassHealth sent to the appellant a request for information (VC-1) on 07/19/2021, seeking information necessary to make an eligibility determination.
3. On 08/16/2021, MassHealth denied the appellant's application for benefits because it did not receive the requested verifications.
4. The appellant did not provide the following verifications:
  - Health insurance information and premium bill;

- Bank account where social security check is deposited – statements 08/01/202 to present showing owner’s name, name of financial institution, account number, running balance and verification of all transactions of \$1,000.00 or more; and
  - Wells Fargo Bank Account – statements from 08/01/2020 through present showing owner’s name, name of financial institution, account number, running balance and verification of all transactions of \$1,000.00 or more.
5. As of the date of the fair hearing, MassHealth had not received any of the above verifications that were requested on 07/19/2021.

## **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 515.008 address responsibilities of applicants and members as follows:

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

Regulations at 130 CMR 516.001(B) address corroborative information 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.

This appeal involves a denial of MassHealth LTC benefits base on the appellant’s failure to provide requested verifications within the regulatory time frame. On 07/19/2021, MassHealth sent a request for verifications to the appellant, requesting certain documents and information to establish eligibility for LTC benefits. The appellant failed to provide the requested information, and on 08/16/2021, MassHealth denied the appellant’s application for failure to provide verifications.

There was no dispute that the requested verifications were not sent to MassHealth. As a result, pursuant to the above regulations, I conclude that MassHealth’s denial of the appellant’s application is supported by the facts in the record. This appeal is therefore 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc:

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

[REDACTED]