

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied in part; Dismissed in part	<b>Appeal Number:</b>	2402498
<b>Decision Date:</b>	04/18/2024	<b>Hearing Date:</b>	04/16/2024
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearances for Appellant:**

*Via telephone:*



**Appearance for MassHealth:**

*Via telephone:*

Maria Piedade, 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

<b>Appeal Decision:</b>	Denied in part; Dismissed in part	<b>Issue:</b>	Long-term care; verifications
<b>Decision Date:</b>	04/18/2024	<b>Hearing Date:</b>	04/16/2024
<b>MassHealth's Rep.:</b>	Maria Piedade	<b>Appellant's Reps.:</b>	Spouse; Daughter
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center Remote	<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 notices dated February 6, 2024, MassHealth denied the appellant's application for MassHealth benefits because the appellant failed to submit all requested information needed to determine the appellant's eligibility within the required time frame (Exhibits 1 and 1a).<sup>1</sup> The appellant filed this appeal in a timely manner on February 16, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

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

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<sup>1</sup> One notice addressed the community spouse's benefits (appeal #2402498) and the other, the institutionalized appellant's long-term care application (appeal #2402522). For purposes of this decision, these two appeals, which were heard together, are combined. According to the fair hearing requests and testimony at hearing, the only issue is the long-term care application for the appellant. For this reason, the appeal as to the community spouse's benefits (appeal #2402498) is dismissed.

## Issue

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

## Summary of Evidence

The representatives for the appellant and MassHealth appeared at hearing via telephone. The MassHealth representative testified as follows: the appellant, who is under the age of 65 with a household size of two, was a resident of a long-term care facility at the time MassHealth received the long-term care conversion application on September 29, 2023. On November 2, 2023, MassHealth sent a request for information with a due date of January 28, 2024. Copies of the notice were mailed to the appellant at the facility and her spouse at his mailing address. MassHealth did not receive any of the requested information and, on February 6, 2024, issued a notice for failure to provide verifications within the required time frame. This is the notice under appeal. As of hearing, all requested information is still outstanding.

The appellant's spouse and daughter appeared at hearing on her behalf. The appellant's spouse explained that his wife was only supposed to go to the facility short-term for one month of rehabilitation. They had had a really bad experience at a different nursing facility prior to this admission, and he did not want his wife in the facility and did not request long-term care services on her behalf. The family felt bullied into long-term care by the facility, who hired an outside company to apply for long-term care benefits for the appellant. The appellant's spouse emphasized that since her admission to the facility in [REDACTED], he has been fighting to bring her home, but the facility insisted on applying for long-term care coverage. He stated he had given some banking information to the facility prior to the long-term care conversion application, but he did not provide any further information because he did not want the appellant in long-term care. The appellant's spouse acknowledged receipt of the November 2, 2023 request for information and the February 6, 2024 denial for failure to provide verification; however, he and his daughter stated they were both under the impression from the facility that the appellant was all set for coverage. The appellant was discharged from the facility at the end of January 2024. The appellant's representatives stated the facility is now suing them for payment.

The MassHealth representative confirmed that MassHealth has not received any of the requested verifications. The appellant's under-65 MassHealth coverage terminated on January 2, 2024 and she was never approved for long-term care coverage. She stated that with the appeal, she could still honor the application date if the appellant submitted all the requested information; however, that does not necessarily mean the appellant would qualify for MassHealth benefits. There are a lot of assets that need to be reviewed. She explained to the appellant's representatives that for an institutionalized member with a spouse in the community, combined assets would need to be at or below \$156,140 in order for her to be eligible for long-term care benefits.

## Findings of Fact

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

1. The appellant is under the age of 65 and was a resident of a nursing facility at the time MassHealth received the long-term care conversion application (Testimony and Exhibit 5).
2. On September 29, 2023, MassHealth received a long-term care conversion application on behalf of the appellant (Testimony and Exhibit 5).
3. On November 2, 2023, MassHealth issued a request for information due January 28, 2024, but did not receive the requested verifications (Testimony and Exhibit 5).
4. On February 6, 2024, MassHealth issued a denial notice for failure to provide all requested verifications within the required time frame (Testimony and Exhibit 1).
5. On February 16, 2024, the appellant timely appealed the denial notice (Exhibit 2).
6. At the time of hearing, all verifications remained outstanding (Testimony and Exhibit 5).
7. The appellant was discharged from the facility at the end of January 2024 (Testimony).

## 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).)

On February 6, 2024, MassHealth denied the appellant's application for failure to submit all requested information needed to determine the appellant's eligibility within the required time frame. MassHealth issued the request for information on November 2, 2024 both to the appellant at the facility and her spouse's mailing address. The appellant's spouse acknowledged receiving the request for information and testified that he did not submit the verifications, in part because he did not want his wife in a long-term care facility. To date, MassHealth has not received any verifications. As the appellant has failed to submit all requested verifications, this appeal is denied.

Although the appellant's spouse also appealed denial notice related to his community benefits, the only issue on appeal was the appellant's long-term care benefits. As there was no issue with the community spouse's benefits, the appeal is dismissed as to appeal #2402498. The spouse's community benefits were also denied for failure to submit all requested information within the required time frame. Even if the appeal was not dismissed, it would have to be denied for failure to submit verifications because MassHealth has not received any of the requested verifications.

For these reasons, the appeal is denied in part and dismissed in part.

## **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: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780