

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2406137
<b>Decision Date:</b>	6/17/2024	<b>Hearing Date:</b>	05/20/2024
<b>Hearing Officer:</b>	Alexandra Shube	<b>Record Open to:</b>	06/10/2024

**Appearance for Appellant:**

*Via telephone:*



**Appearance for MassHealth:**

*Via telephone:*

Kelly Rosati, 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>	Denied	<b>Issue:</b>	LTC Eligibility; Verifications
<b>Decision Date:</b>	6/17/2024	<b>Hearing Date:</b>	05/20/2024
<b>MassHealth's Rep.:</b>	Kelly Rosati	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Springfield 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 a notice dated April 1, 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 (Exhibit 1). The appellant filed this appeal in a timely manner on April 18, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

At the request of the appellant, the record was held open until June 3, 2024 for the appellant's representatives to submit the missing verifications. MassHealth was given until June 10, 2024 to review and respond to the appellant's submission.

### 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 in determining that the appellant failed to submit requested verifications in a timely manner.

## Summary of Evidence

The representatives for the appellant and MassHealth both appeared at hearing via telephone. The MassHealth representative testified as follows: the appellant is over the age of [REDACTED] and was a resident of a nursing facility. On December 19, 2023, MassHealth received an application for long-term care benefits with a requested start date of November 13, 2023. MassHealth did not receive the requested verifications, and on April 1, 2024 issued a denial for failure to provide the required verifications within the time allowed, which is the notice under appeal. The April 1, 2024 notice listed the verifications still required. As of hearing, the following documents were still outstanding: the appellant's bank account statements from [REDACTED] to the present and a statement from the trustee listing all assets in the trust and all assets moved into and out of the trust within the last [REDACTED]

The appellant was represented by an administrator from the facility who testified that the appellant is no longer a resident of the facility. He was discharged on [REDACTED] and now resides in an assisted living facility. The facility's attorney has been trying to work the appellant's attorney in getting the needed documentation.

At the request of the appellant's representative, the record was held open until June 3, 2024 to submit the remaining verifications. MassHealth was given until June 10, 2024 to review and respond to the appellant's submission. On May 29, 2024, the appellant's representative submitted some verifications, including a copy of the trust and some bank statements, to MassHealth and to the hearing officer. This hearing officer did not hear from the MassHealth representative by June 10, 2024, and emailed him on June 11, 2024 requesting a response to the appellant's submission. The MassHealth representative responded via email on June 11, 2024 that the verifications submitted on May 29 included bank statements belonging to the appellant's trust, but not the appellant's bank statements that MassHealth had requested. As such, MassHealth still did not have the requested bank statements or a statement from the trustee listing assets in the trust.

On June 11, 2024, the appellant's representative responded via email that she was looping in the Medicaid specialist who was working on the case for the facility, but she did not request an extension at that time, nor at any time prior to June 3, 2024, the original submission due date.<sup>1</sup>

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<sup>1</sup> Parties were advised at hearing and in the record open form that if additional time is needed for the record open period, a request for an extension must be received at least one day prior to the original submission due date. See Exhibit 6.

The Medicaid specialist emailed on June 12, 2024 stating that he was reaching out to the attorney and would update everyone once he got a response. No timeframe was given for this and no extension was requested. In response, on June 12, 2024, this hearing officer emailed all parties stating that the record closed for the appellant on June 3, 2024 and there was no timely request for an extension. As a result, this hearing officer informed parties the record was closed and a written decision would be issued. There was no response to that email; however, on June 13, 2024 the Board of Hearings received bank statements from [REDACTED] to present for the appellant's bank account in question. No statement from the trustee listing trust assets was received.

## Findings of Fact

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

1. The appellant is over the age of [REDACTED] and was a resident of a nursing facility, but has since been discharged (Testimony and Exhibit 4).
2. On December 19, 2023, MassHealth received an application for long-term care benefits with a requested start date of November 13, 2023 (Testimony and Exhibit 5).
3. On April 1, 2024, MassHealth issued a denial notice for failure to provide all requested verifications within the required time frame (Testimony and Exhibit 1).
4. On April 18, 2024, the appellant timely appealed the denial notice (Exhibit 2).
5. As of hearing, the following documents were still outstanding: the appellant's bank account statements from [REDACTED] to the present; and a statement from the trustee listing all assets in the trust and all assets moved into and out of the trust within the last [REDACTED] (Testimony and Exhibits 1 and 6).
6. At the request of the appellant's representative, the record was held open until June 3, 2024 for the appellant to submit the missing verifications and until June 10, 2024 for MassHealth to review and respond to the appellant's submission (Testimony and Exhibit 6).
7. On May 29, 2024, the appellant submitted some bank statements from [REDACTED] to the present and a copy of the trust (Exhibit 7).
8. On June 11, 2024, the MassHealth representative responded that the bank statements submitted were for the trust's bank account, not the appellant's bank account. Additionally, he still did not have a statement from the trustee listing all assets in the trust and all assets moved into and out of the trust within the last [REDACTED] (Exhibit 7).

9. On June 12, 2024, the hearing officer stated that the record was closed and a written decision would be issued (Exhibit 7).
10. On June 13, 2024, the Board of Hearings received bank statements from [REDACTED] to present for the appellant's account in question (Exhibit 8).
11. No statement from the trustee listing all assets in the trust and all assets moved into and out of the trust within the last [REDACTED] was received.

## 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 requested information needed to determine the appellant's eligibility within the required time frame. The appellant was granted a record open period to submit those missing verifications. The record closed for the appellant on June 3, 2024, and the appellant did not request an extension. On June 11, 2024, the MassHealth representative responded that it received some of the missing verifications, but MassHealth was still missing the correct bank statements and statement from trustee listing assets in the trust, both of which were requested in the April 1, 2024 denial notice under appeal and during the record open period.

As the appellant has failed to submit all requested verifications, this appeal is denied.<sup>2</sup>

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<sup>2</sup> On June 12, 2024, this hearing officer informed parties that, since there was no request for an extension, the

## 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

[REDACTED]

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

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record would close and a decision would be issued. On June 13, 2024, the Board of Hearings received the bank statements in question. Even if those were considered, the statement of trust assets remains outstanding and verifications incomplete.