

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410784
Decision Date:	8/9/2024	Hearing Date:	08/06/2024
Hearing Officer:	Marc Tonaszuck		

Appearances for Appellant:




Appearance for MassHealth:

Yous Khieu



*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:	Denied	Issue:	Long Term Care – Verifications
Decision Date:	8/9/2024	Hearing Date:	08/06/2024
MassHealth's Rep.:	Yous Khieu	Appellant's Rep.:	
Hearing Location:	Charlestown 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 06/26/2024, 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). On 07/10/2024, a timely appeal was filed on the appellant's behalf by her guardian (130 CMR 610.015(B); Exhibits 2 and 4). 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.

Issue

The issue is whether or not the requested verifications were submitted to MassHealth.

Summary of Evidence

The MassHealth representative testified telephonically that the appellant submitted an application for MassHealth long term care (LTC) benefits on 03/12/2024. As part of the eligibility process, MassHealth sent to the appellant a request for information (VC-1) on 03/22/2024, seeking verifications. As of the date of the fair hearing, not all of the requested verifications have been received by MassHealth. The missing verifications are the following:

- [REDACTED] Bank Savings and Checking Accounts – statements dated from 03/19/2024 to present; source of all deposits; verification of all transactions of \$1,000.00 or more;
- Nursing Facility Documents – SC-1; PNA Account; and Nursing Facility Screening.

The appellant's representatives appeared at the fair hearing and testified telephonically. They testified that the appellant is not in a nursing facility. They wanted an approval from MassHealth before the appellant could be placed in a nursing facility. Also, they stated that Truist Bank is not cooperating with the guardian's request for information. The nearest branch of the bank is in New Jersey and the guardian testified she has no intentions of going there. The representatives concluded that they are not able to obtain the requested verifications.

Findings of Fact

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

1. The appellant applied for MassHealth long term care benefits on 03/12/2024.
2. MassHealth sent to the appellant a request for information (VC-1) on 03/22/2024, seeking information necessary to make an eligibility determination.
3. On 06/26/2024, 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:
 - [REDACTED] Bank Savings and Checking Accounts – statements dated from 03/19/2024 to present; source of all deposits; verification of all transactions of \$1,000.00 or more;
 - Nursing Facility Documents – SC-1; PNA Account; and Nursing Facility Screening.
5. As of the date of the fair hearing, MassHealth had not received any of the above verifications that were requested.

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 based on the appellant's failure to provide requested verifications within the regulatory time frame. On 03/22/2024, 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 all of the requested information, and on 06/26/2024, MassHealth denied the appellant's application for failure to provide verifications.

There was no dispute that the requested verifications were not received by 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:

[REDACTED]

[REDACTED]

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129