

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2411834
Decision Date:	11/22/2024	Hearing Date:	09/09/2024
Hearing Officer:	Marc Tonaszuck	Record Open to:	11/22/2024

Appearance for Appellant:



Appearance for MassHealth:

Jennifer Canizares



*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:	Approved	Issue:	Long Term Care - Verifications
Decision Date:	11/22/2024	Hearing Date:	09/09/2024
MassHealth's Rep.:	Jennifer Canizares	Appellant's Rep.:	[REDACTED]
Hearing Location:	Springfield 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 06/24/2024, MassHealth informed the appellant that it reviewed his application for MassHealth benefits and that he is not eligible because he failed to submit verifications (130 CMR 515.008; Exhibit 1). On 07/30/2024, a timely appeal was filed on the appellant's behalf by his son/POA (130 CMR 610.015(B); Exhibits 2 and 4). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

A fair hearing took place before the Board of Hearings (Board) on 09/09/2024 (Exhibit 3). The appellant representative requested an extension of time to submit the missing verification. His request was granted, and the record remained open in this matter until 09/23/2024 for his submission and until 09/30/2024 for MassHealth's response (Exhibit 6). The record was reopened on 10/03/2024 so that the appellant would have an opportunity to submit missing verifications. The record was open until 11/08/2024 for the appellant's submission and until 11/22/2024 for MassHealth's response (Exhibit 9). Both parties made submissions during the record open period (Exhibits 7, 8, 10, 11).

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 that the appellant submitted a MassHealth application for senior benefits (SACA) on 03/01/2024. MassHealth sent out a request for information (VC1) on 03/19/2024 with a deadline to submit verifications on or by 06/17/2024. On 05/23/2024, MassHealth sent an updated version of the VC1 with same deadline of 06/17/2024. MassHealth did not receive all verifications requested, therefore, a denial notice was mailed out on 06/24/2024. The appellant re-apped the case on 07/01/2024, and MassHealth sent a second request for information (VC2) on 07/02/2024 with a deadline to submit verifications by 09/29/2024.

The MassHealth representative testified that the missing verifications were the following:

[REDACTED] - The statement sent was too old, please provide a current statement dated within 45 days.

(Exhibit 5.)

The appellant was represented at the fair hearing by his son/POA, who appeared telephonically. He responded that he could obtain the missing information. His request was granted, and the record remained open in this matter until 09/23/2024 for his submission and until 09/30/2024 for MassHealth's response (Exhibit 6). The record was reopened on 10/03/2024 so that the appellant would have an opportunity to submit missing verifications. The record was open until 11/08/2024 for the appellant's submission and until 11/22/2024 for MassHealth's response (Exhibit 9). Both parties made submissions during the record open period (Exhibits 7, 8, 10, 11).

During the record open period, the appellant's representative submitted recent statements from [REDACTED]

On 11/14/2024, the MassHealth representative responded to the appellant's submission, as follows:

Attached verifies both pension amount member is receiving from CAL STRS, but I don't see anything that indicates or verifies a Mutual funds account from them as reported In

application by member. I am starting to wonder if there is no such account as this is retirement.

(Exhibit 11.)

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 03/01/2024.
2. MassHealth sent out a request for information (VC1) on 03/19/2024 with a deadline to submit verifications on or by 06/17/2024.
3. On 05/23/2024, MassHealth sent an updated version of the VC1 with same deadline of 06/17/2024.
4. MassHealth did not receive all verifications requested, therefore, a denial notice was mailed out on 06/24/2024.
5. The appellant submitted verifications, and the case was restamped on 07/01/2024.
6. On 07/01/2024, MassHealth sent a second request for information (VC2) with a deadline to submit verifications by 09/29/2024.
7. Through a notice dated 06/24/2024, MassHealth informed the appellant that it reviewed his application for MassHealth benefits and that he is not eligible because he failed to submit verifications (130 CMR 515.008; Exhibit 1).
8. On 07/30/2024, a timely appeal was filed on the appellant's behalf by his son/POA.
9. A fair hearing took place before the Board of Hearings on 09/09/2024.
10. As of the date of the fair hearing, the appellant did not provide the following verifications:
 - [REDACTED] - The statement sent was too old, please provide a current statement dated within 45 days.
11. At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. His request was granted and the record remained open in this matter

until 11/08/2024 for the appellant's submission and until 11/22/2024 for MassHealth's response.

12. During the record open period, the appellant's representative submitted statements from the appellant's [REDACTED], dated within the last 45 days (Exhibit 10).

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. 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 06/24/2024, MassHealth denied the appellant's application for failure to provide verifications.

At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. His request was granted, and the record remained open for the appellant's submission. During the record open period, the appellant's representative submitted the verifications that were described during the fair hearing. However, the MassHealth representative had further questions regarding the verifications and was unable to process the case.

The issue at the fair hearing was whether the appellant submitted the requested verifications. While

the hearing record was open, all verifications that had been requested prior to the hearing were submitted to MassHealth. Regardless of whether MassHealth has further questions, the appellant provided the missing verifications at issue. MassHealth may request further information at any time, including a request to clarify what accounts he has. Accordingly, the appellant has complied with the MassHealth verification request and this appeal is approved.

Order for MassHealth

Process the appellant LTC application dated 03/01/2024. If MassHealth needs further information, it may send a request to the appellant.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Marc Tonaszuck
Hearing Officer
Board of Hearings

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