

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412058
Decision Date:	09/26/2024	Hearing Date:	09/03/2024
Hearing Officer:	Alexandra Shube	Record Open to:	09/24/2024

Appearance for Appellant:



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

Appeal Decision:	Denied	Issue:	Long-term care; Verifications
Decision Date:	09/26/2024	Hearing Date:	09/03/2024
MassHealth's Rep.:	Kelly Rosati	Appellant's Rep.:	
Hearing Location:	Springfield MassHealth Enrollment Center Remote	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 July 10, 2024, MassHealth denied the appellant's application for MassHealth long-term care 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 August 2, 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's representative, the record was held open until September 17, 2024 for the appellant's representatives to submit the missing verifications. MassHealth was given until September 24, 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 65 and a resident of a nursing facility. On April 1, 2024, MassHealth received an application for long-term care benefits on behalf of the appellant. The requested start date is unknown because MassHealth has not received any documentation from the facility. On April 5, 2024, MassHealth issued a request for information with a due date of July 4, 2024. MassHealth did not receive all the requested information by July 4. On July 10, 2024, MassHealth issued a notice informing the appellant that she did not qualify for MassHealth long-term care benefits because she did not provide MassHealth with the information it needed to decide her eligibility within the required time frame. This is the notice under appeal. Outstanding documentation included banking information as well as the SC-1, nursing facility screen, and personal needs allowance (PNA) account statement. The banking information, SC-1, and nursing facility screen had all been requested in the initial April 5, 2024 request for information. The request for the PNA statement was not on the initial April 5 request for information, but was on the July 10, 2024 notice. At the time of hearing, MassHealth had received the banking information, but the documentation from the nursing facility (PNA statement, SC-1, and screen) remained outstanding. The MassHealth representative had reached out to the facility a few days prior to the hearing, but still had not received any of the requested information.

The appellant's representative explained that he has been working with the appellant's daughter to complete the application. He did not know if the screen was complete.

The record was held open until September 17, 2024 for the appellant to submit the outstanding verifications. MassHealth was given until September 24, 2024 to review and respond to the appellant's submission. On September 25, 2024, the MassHealth representative confirmed via email that MassHealth had not received the outstanding documentation from the facility.

Findings of Fact

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

1. The appellant is over the age of 65 and is a resident of a nursing facility (Testimony).

2. On April 1, 2024, MassHealth received a long-term care application on behalf of the appellant (Testimony and Exhibit 4).
3. On April 5, 2024, MassHealth issued a request for information with a due date of July 4, 2024 (Exhibit 7).
4. MassHealth did not receive all the requested verifications and, on July 10, 2024, issued a denial notice for failure to provide all requested verifications within the required time frame. This is the notice under appeal. (Testimony and Exhibit 1).
5. Verifications outstanding at the time of the notice included banking information, PNA statement, SC-1, and nursing facility screen (Testimony and Exhibits 4 and 7).
6. By the hearing date, MassHealth received the banking information and was only missing the PNA statement, SC-1, and nursing facility screen (Testimony and Exhibit 4).
7. The record was held open until September 17, 2024 for the appellant to submit the outstanding verifications. MassHealth was given until September 24, 2024 to review and respond to the appellant's submission. (Exhibit 5).
8. On September 25, 2024, the MassHealth representative stated that he had not received the requested documentation from the facility (Exhibit 6).

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 which included the PNA statement, SC-1, and screen (all documentation from the facility). At the close of the record open period, MassHealth had not received the requested information. The SC-1 and screen had been requested in the April 5, 2024 request for information, the July 10, 2024 denial notice, and the record open form. The PNA statement was requested in both the July 10, 2024 notice and the record open form period, giving the appellant over two months to obtain it. As the appellant has failed to submit all requested verifications, this appeal is 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.

Alexandra Shube
Hearing Officer
Board of Hearings

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