

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412443
Decision Date:	10/1/2024	Hearing Date:	09/09/2024
Hearing Officer:	Christine Therrien	Record Open to:	09/23/2024

Appearance for Appellant:



Appearance for MassHealth:

Elizabeth Kittiphane, Quincy



*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:	LTC - Verifications
Decision Date:	10/1/2024	Hearing Date:	09/09/2024
MassHealth's Rep.:	Elizabeth Kittiphane	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South Telephonic		

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 6/27/24, MassHealth denied the appellant's application for Long-Term Care benefits because MassHealth did not receive the requested documents within the required timeframe. (130 CMR 516.001 and Exhibit 1). The appellant filed this appeal in a timely manner on 8/12/24. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032). The record was left open until 9/16/24 for the appellant to submit the missing verifications and until 9/23/24 to allow MassHealth to review all submissions. (Exhibit 6).

Action Taken by MassHealth

MassHealth denied the appellant's Long-Term Care (LTC) benefits application due to the failure to submit the required verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant is ineligible for LTC benefits for failing to submit the required verifications.

Summary of Evidence

The appellant is a single individual over the age of 65 who was admitted to a long-term care facility on [REDACTED] 23. The appellant submitted an application for MassHealth long-term care benefits on 11/13/23, with a requested coverage start-date of 11/17/23. The MassHealth representative testified that a request for verifications was sent on 11/22/23. The MassHealth representative testified that on 3/14/2024 verifications were received and were processed. The MassHealth representative testified that the reapplication date is 3/19/24 and a second request for verifications was sent on 3/19/24. The MassHealth representative testified that a denial was issued on 6/27/24 for failure to submit all the required verifications. (Exhibit 1). The MassHealth representative testified that MassHealth is missing checking account and savings/money market account statements from 7/1/22 – present, proof of how a pooled trust was funded, a full statement from the trust from the date it was funded to the present date, and Disability Evaluation Services onset date.

The appellant's representative testified that she is working on getting the missing verifications and needs more time to gather all the information. The record was left open until 9/16/24. (Exhibit 6).

The MassHealth representative stated that on 9/20/24 MassHealth received checking account statements through 7/15/24 and savings account statements through 8/15/24 showing that the savings account closed on 8/7/24. (Exhibit 8). The MassHealth representative stated that there was no documentation submitted showing the disposition of the funds from the closed savings account in the amount of \$4,177.04. The MassHealth representative stated that MassHealth did not receive any information about the pooled trust or how it was funded. (Exhibit 8).

Findings of Fact

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

1. The appellant is a single individual over the age of 65 who was admitted to a long-term care facility on [REDACTED] 23.
2. The appellant submitted an application for MassHealth long-term care benefits on 11/13/23, with a requested coverage start-date of 11/17/23.
3. A request for verifications was sent on 11/22/23.
4. The MassHealth representative testified that on 3/14/2024 verifications were received and were processed.
5. The reapplication date is 3/19/24 and a second request for verifications was sent on 3/19/24.

6. On 6/27/24 MassHealth issued a denial for failure to submit all the required verifications.
7. MassHealth is missing checking account and savings/money market account statements from 7/1/22 – present, proof of how the pooled trust was funded, a full statement from the trust from the date it was funded to the present date, and Disability Evaluation Services' onset date.
8. The record was left open until 9/16/24.
9. On 9/20/24 MassHealth received checking account statements through 7/15/24 and savings account statements through 8/15/24 showing that the savings account closed on 8/7/24. There was no documentation submitted showing the disposition of the funds from the closed savings account in the amount of \$4177.04.
10. MassHealth did not receive any information about the pooled trust or how it was funded.

Analysis and Conclusions of Law

Regulation 130 CMR 516.001(C) provides that MassHealth may request additional information or documentation, if necessary to determine eligibility. The request is generally sent to the applicant within 5 days of receipt of the application and provides 30 days to return the needed documents. Pursuant to 130 CMR 516.001(D), if the verifications are not submitted within 30 days of the date of the request, MassHealth benefits may be denied. Thereafter, if one or more of the documents are submitted within 30 days of the denial, the date of receipt shall be the reapplication date.

Here, the appellant's representative neither submitted the missing verifications nor requested another extension for the record open period. Since the appellant has not provided the verifications necessary to determine MassHealth eligibility, MassHealth correctly denied the application.

The 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.

Christine Therrien
Hearing Officer
Board of Hearings

[REDACTED]

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator