

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2412461
<b>Decision Date:</b>	10/1/2024	<b>Hearing Date:</b>	09/09/2024
<b>Hearing Officer:</b>	Marc Tonaszuck	<b>Record Open to:</b>	10/07/2024

**Appearance for Appellant:**



**Appearance for MassHealth:**

Kelly Rosati



*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>	Long Term Care – Verifications
<b>Decision Date:</b>	10/1/2024	<b>Hearing Date:</b>	09/09/2024
<b>MassHealth's Rep.:</b>	Kelly Rosati	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<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 06/17/2024, 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 08/13/2024, a timely appeal was filed on the appellant's behalf (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. Her request was granted and the record remained open in this matter until 09/30/2024 for her submission and until 10/07/2024 for MassHealth's response (Exhibit 5). The appellant made no submission to the hearing record during the record open period.

### 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 02/26/2024, seeking a MassHealth benefit start date of 03/12/2024. As part of the eligibility process, MassHealth sent to the appellant a request for information (VC-1), 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] – proof that the Commonwealth is the beneficiary and verification of if, and how much, the appellant may withdraw on a monthly basis.

(Exhibit 4.)

The appellant's representative appeared at the fair hearing and testified telephonically. She testified that she needed three weeks to provide the missing verification. Her request was granted and the record remained open for the appellant's submission until 09/30/2024 and for MassHealth's response until 10/07/2024 (Exhibit 5.)

The appellant made no submission during the record open period.

## 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), seeking information necessary to make an eligibility determination.
3. On 06/17/2024, MassHealth denied the appellant's application for benefits because it did not receive the requested verifications.
4. The appellant submitted a request for a fair hearing on 08/13/2024.
5. A fair hearing took place before the Board of Hearings on 09/09/2024.

6. As of the date of the fair hearing, the appellant did not provide the following verifications:

- [REDACTED] – proof that the Commonwealth is the beneficiary and verification of if, and how much, the appellant may withdraw on a monthly basis.

7. At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. Her request was granted and the record remained open in this matter until 09/30/2024 for the appellant's submission and until 10/07/2024 for MassHealth's response.

8. The appellant made no submission to the hearing record during the record open period.

## **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 06/17/2024, 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. Her request was granted; however, the appellant provided nothing during the record open period.

The requested verifications were not received by the Board. As a result, pursuant to the above regulations, 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings



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