

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2413804
Decision Date:	11/6/2024	Hearing Date:	10/07/2024
Hearing Officer:	Christine Therrien	Record Open to:	11/05/2024

Appearance for Appellant:



Appearance for MassHealth:

Rachel Manzi, Worcester



*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 – missing verifications
Decision Date:	11/6/2024	Hearing Date:	10/07/2024
MassHealth's Rep.:	Rachel Manzi	Appellant's Rep.:	Son
Hearing Location:	Worcester MassHealth Enrollment Center - 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 8/9/24, 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 9/8/24. (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 10/21/24 for the appellant to submit the missing verifications, and until 11/5/24 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]. The appellant submitted an application for MassHealth long-term care benefits on 4/23/24, with a requested coverage start date of [REDACTED].¹ The MassHealth representative testified that a request for verifications was sent on 5/2/24 and another request was sent on 5/13/24. The MassHealth representative testified that no verifications were received. The MassHealth representative testified that a denial was issued on 8/9/24 for failure to submit all the required verifications. (Exhibit 1). The MassHealth representative testified that MassHealth is missing the following verifications:

[REDACTED] statements 6/1/20-5/5/23	[REDACTED] statements 7/9/24-current
[REDACTED] statements 7/9/24-current	[REDACTED] statements 6/1/20-current
[REDACTED] statements 6/1/20-current	[REDACTED] statements 6/1/20-5/5/23
[REDACTED] statements 6/1/21-close	[REDACTED] statements 6/1/20-current
[REDACTED] statements 6/1/20-close	Pershing statements 6/1/20-current or closing
[REDACTED] statements 1/1/21-close	[REDACTED] current premium bill

The appellant's representative testified that he is working on getting the missing verifications and needs more time to gather all the information. The record was left open until 10/21/24. (Exhibit 6).

On 10/28/24 the appellant submitted some of the requested verifications to MassHealth and the hearing officer. (Exhibit 7).

On 11/1/24, the MassHealth representative indicated that MassHealth had not received the following verifications: statements for the [REDACTED] 6/1/20-current; statements for [REDACTED] 7/9/24-current; statements for [REDACTED] account

¹ The earliest possible eligibility date would be 1/1/24 for an application received in April 2024, per 130 CMR 516.006(A)(2).

██████████ 6/1/20-current; statements for ██████████ account x9274, 6/1/20-current; and statements for the Pershing account, 6/1/20-current or closing. (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 ██████████
2. On 4/23/24 the appellant submitted an application for MassHealth long-term care benefits, with a requested coverage start date of ██████████
3. On 5/2/24 and on 5/13/24, MassHealth sent requests for verifications.
4. No verifications were received.
5. On 8/9/24 a denial for failure to submit all the requested verifications was issued.
6. MassHealth is missing the following verifications:

██████████ statements 6/1/20-5/5/23	██████████ statements 7/9/24-current
██████████ statements 7/9/24-current	██████████ statements 6/1/20-current
██████████ statements 6/1/20-current	██████████ statements 6/1/20-5/5/23
██████████ statements 6/1/21-close	██████████ x9274 statements 6/1/20-current
██████████ statements 6/1/20-close	Pershing statements 6/1/20-current or closing
██████████ 7803 statements 1/1/21-close	██████████ current premium bill

7. The record was left open until 10/21/24 to allow the appellant's representative to submit the missing verifications.
8. On 10/28/24 the appellant submitted some of the requested verifications.
9. On 11/1/24 the MassHealth representative stated that MassHealth had not received the following verifications: statements for the ██████████ 6/1/20-current; statements for ██████████ 7/9/24-current; statements for ██████████ 6/1/20-

current; statements for [REDACTED] 6/1/20-current; and statements for the Pershing account, 6/1/20-current or closing.

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 all the missing verifications nor requested an 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

cc:

cc: MassHealth Representative: Worcester MEC, Attn: Michael Rooney