

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2415616
Decision Date:	12/19/2024	Hearing Date:	11/06/2024
Hearing Officer:	Marc Tonaszuck	Record Open to:	11/20/2024

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*

CORRECTED APPEAL DECISION

Appeal Decision:	Approved	Issue:	Long Term Care – Verifications
Decision Date:	12/19/2024	Hearing Date:	11/06/2024
MassHealth's Rep.:	[REDACTED]	Appellant's Rep.:	Vicki Augusto
Hearing Location:	Springfield MassHealth Enrollment Center	Aid Pending:	No

Correction Preamble

This corrected decision replaces and supersedes the original decision issued on 12/06/2024, which did not reference the appellant's submission and the MassHealth response during the record open period. As a result, there is an error in the Order. The original Order directs MassHealth to do nothing. This Corrected Order approves the appeal and directs MassHealth to process the appellant's Long Term Care (LTC) application using the 06/10/2024 application date.

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 09/23/2024, 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 10/10/2024, 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 11/06/2024 (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 11/20/2024 for her

submission and until 11/27/2024 for MassHealth's response (Exhibit 5). During the record open period, both the appellant and MassHealth made submissions (Exhibits 6 and 7).

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 06/10/2024, seeking a MassHealth benefit start date of 03/21/2024. 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:

- Life Insurance – American General Life – Verification of cash surrender value and face value;
- Life Insurance – Lincoln Heritage - Verification of cash surrender value and face value;
- Nursing Home Screening.

(Exhibit 4.)

The appellant's representative appeared at the fair hearing and testified telephonically. She testified that she needed additional time to provide the missing verification. Her request was granted, and the record remained open for the appellant's submission until 11/20/2024 and for MassHealth's response until 11/27/2024 (Exhibit 5.)

During the record open period, the appellant made a submission (Exhibit 6). The MassHealth representative responded that the submitted verifications adequately respond to MassHealth's request (Exhibit 7).

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 06/10/2024, seeking MassHealth benefits beginning on 03/21/2024.
2. MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination.
3. On 09/23/2024, 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 10/10/2024.
5. A fair hearing took place before the Board of Hearings on 11/06/2024.
6. As of the date of the fair hearing, the appellant did not provide the following verifications:
 - Life Insurance – American General Life – Verification of cash surrender value and face value;
 - Life Insurance – Lincoln Heritage - Verification of cash surrender value and face value;
 - Nursing Home Screening.
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 11/20/2024 for the appellant's submission and until 11/27/2024 for MassHealth's response.
8. During the record open period, the appellant provided the necessary verifications for MassHealth to process her application.

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 09/23/2024, MassHealth denied the appellant's application for failure to provide verifications. A timely appeal was filed on behalf of the appellant and a fair hearing was held before the Board of Hearings.

At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. Her request was granted. During the record open period, the necessary verifications were provided and MassHealth acknowledged having the verifications it requested. As a result, this appeal is APPROVED.

Order for MassHealth

Process the appellant's LTC application using the 06/10/2024 application date.

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, Division of Medical Assistance, at the address on the first page of this decision.

Marc Tonaszuck
Hearing Officer
Board of Hearings

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