

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417570
Decision Date:	01/24/2025	Hearing Date:	12/11/2024
Hearing Officer:	Marc Tonaszuck	Record Open to:	01/24/2025

Appearance for Appellant:



Appearance for MassHealth:

Evelyn Daniel



*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:	01/24/2025	Hearing Date:	12/11/2024
MassHealth's Rep.:	Evelyn Daniel	Appellant's Rep.:	
Hearing Location:	Springfield MassHealth Enrollment Center	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 11/04/2024, MassHealth informed the appellant that it reviewed her application for MassHealth Long Term Care (LTC) benefits determined and that she is not eligible because she failed to submit requested verifications (130 CMR 515.008; Exhibit 1). On 11/15/2024, 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 12/11/2024 (Exhibit 3). The appellant representative requested an extension of time to submit the missing verification. His request was granted, and the record remained open in this matter until 01/10/2025 for his submission and until 01/24/2025 for MassHealth's response (Exhibit 5). The appellant made no submission to the hearing record during the record open period. MassHealth also made no submission 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 07/22/2024. 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:

Income from Other Unearned -Long Term Care

You left this section of the application blank. Do you have LTC insurance? If yes, provide all long-term ins documents showing policy number, waiting period, daily benefit amount, policy holder's name, policy start date, and daily benefit start date

[REDACTED]
explain and verify a deposit of \$9807.94 on 07/02/2023 and a withdrawal of \$10,005.00 on 03/09/2024. Note: To achieve MassHealth eligibility, total countable assets must be at or below \$2000.

[REDACTED]
provide copies of checks 425, 426, 423, 431, 438, 448, 446, 455, 456, 468, 487, 501, and 499. Please explain all this checks over \$1000.

NURSING HOME Personal Needs Allowance Account XXXXXX: Please have the nursing facility send us:

- Personal Needs Account information and running balances.
- Private payment statement and what each payment covered.
- Residence:Notification of admission to facility (SC-1)

(Exhibit 4.)

Th appellant's representative appeared at the fair hearing and testified telephonically. He testified that he needed additional time to provide the missing verifications. His request was granted and the record remained open for the appellant's submission until 01/10/2025 and for MassHealth's response until 01/24/2025 (Exhibit 5.)

Neither the appellant nor MassHealth made submissions to the hearing record 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 07/22/2024.
2. MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination.
3. On 11/04/2024, 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 11/15/2024.
5. A fair hearing took place before the Board of Hearings on 12/11/2024.
6. As of the date of the fair hearing, the appellant did not provide the following verifications:

Income from Other Unearned -Long Term Care

You left this section of the application blank. Do you have LTC insurance? If yes, provide all long-term ins documents showing policy number, waiting period, daily benefit amount, policy holder's name, policy start date, and daily benefit start date

[REDACTED]
explain and verify a deposit of \$9807.94 on 07/02/2023 and a withdrawal of \$10,005.00 on 03/09/2024. Note: To achieve MassHealth eligibility, total countable assets must be at or below \$2000.

[REDACTED]
provide copies of checks 425, 426, 423, 431, 438, 448, 446, 455, 456, 468, 487, 501, and 499. Please explain all this checks over \$1000.

NURSING HOME Personal Needs Allowance Account XXXXXX: Please have the nursing facility send us:

- Personal Needs Account information and running balances.

- Private payment statement and what each payment covered.
 - Residence: Notification of admission to facility (SC-1).
7. At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. His request was granted and the record remained open in this matter until 01/10/2025 for the appellant's submission and until 01/24/2025 for MassHealth's response.
 8. The appellant made no submission to the hearing record during the record open period.
 9. MassHealth 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 11/04/2024, 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. His 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings



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