

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417886
Decision Date:	01/23/2025	Hearing Date:	12/17/2024
Hearing Officer:	Scott Bernard	Record Open to:	01/10/2025

Appearance for Appellant:



Appearance for MassHealth:

Patricia Rogers (Taunton MEC) *via* telephone



*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:	01/23/2025	Hearing Date:	12/17/2024
MassHealth's Rep.:	Patricia Rogers	Appellant's Rep.:	
Hearing Location:	Taunton 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 November 8, 2024, MassHealth denied the appellant's application for Long Term Care (LTC) benefits because it determined that the appellant failed to submit requested verifications within the required time frame. (See 130 CMR 516.001 and Exhibit (Ex.) 1). The appellant, through his court appointed guardian, submitted this appeal in a timely manner to the Board of Hearings on November 21, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the conclusion of the hearing, the record was left open until January 10, 2024 for the appellant's guardian to submit further verifications and for the MassHealth representative to review those verifications, after which time the record closed. (Exs. 6, 7).

Action Taken by MassHealth

MassHealth denied the appellant's application for LTC benefits for failure to submit requested verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 508.008 and 516.001,

in determining that the appellant failed to submit requested verifications.

Summary of Evidence

The hearing was attended telephonically by an eligibility worker from the Taunton MassHealth Enrollment Center (MEC) and the appellant's court appointed guardian acting as his authorized representative.

The MassHealth representative testified first to the following. The appellant is an unmarried individual under 65 years old and was admitted to a nursing facility at the beginning of [REDACTED] (Testimony; Ex. 3; Ex. 5, p. 2). MassHealth received the appellant's application for long-term care (LTC) services on September 10, 2024. (Testimony; Ex. 5, p. 3). On October 3, 2024, MassHealth sent the appellant a letter requesting that he provide certain specified verifications by November 2, 2024, including verification that he had submitted a completed Adult Disability Supplement to the Disability Evaluation Service (DES). (Testimony; Ex. 5, pp. 4-6). MassHealth did not receive all requested verifications by the deadline, so it issued the notice under appeal on November 8, 2024. (Testimony; Ex. 1; Ex. 2, pp. 3-5; Ex. 5, pp. 12-14). On December 4, 2024, MassHealth received a copy of a one-page Disability Determination Tracking Form, which showed that while DES had received a disability supplement on November 22, 2024, the supplement was incomplete. (Testimony; Ex. 5, p. 17).

The appellant's guardian confirmed that on December 4, 2024, DES notified her that the appellant's disability supplement was incomplete. (Testimony). The guardian asserted that she re-submitted a completed supplement to DES on December 11, 2024. (Testimony). She also stated that she could provide the fax receipt confirming this submission and requested that the record remain open until January 7, 2025. (Testimony). The MassHealth representative did not object to this request but asked for until January 9, 2025, to assess whether the requested verification had been submitted. (Testimony). In response, the hearing officer sent the parties a record open form, noting that the appellant's guardian would submit confirmation of DES's acceptance of the completed adult disability supplement by January 7, 2025, and that the MassHealth representative would respond by January 9, 2025 (Ex. 6).

On January 7, 2025, the guardian's office submitted 21 pages, including the Adult Disability Supplement and a fax receipt confirming that 20 pages had been submitted to EOHHS on December 12, 2024 (Ex. 8). In emails dated January 7 and January 10, 2025, the MassHealth representative wrote that on December 18, 2024, DES acknowledged receiving an Adult Disability Supplement, but indicated it was incomplete. (Ex. 7). The representative noted that while the DES posting did not specify the exact date of receipt, the December 18 communication suggested that the supplement received was incomplete. (Id.). As a result, the MassHealth representative did not have confirmation of a completed supplement. (Id.).

Findings of Fact

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

1. The appellant is an unmarried individual under 65 years old and was admitted to a nursing facility at the beginning of [REDACTED] (Testimony; Ex. 3; Ex. 5, p. 2).
2. MassHealth received the appellant's application for LTC services on September 10, 2024. (Testimony; Ex. 5, p. 3).
3. On October 3, 2024, MassHealth sent the appellant a letter requesting that he provide certain specified verifications by November 2, 2024, including verification that he had submitted a completed Adult Disability Supplement to DES. (Testimony; Ex. 5, pp. 4-6).
4. MassHealth did not receive the requested verification by the deadline, so it issued the notice under appeal on November 8, 2024. (Testimony; Ex. 1; Ex. 2, pp. 3-5; Ex. 5, pp. 12-14).
5. The appellant, through his court appointed guardian, submitted a timely appeal of the denial to the Board of Hearings on November 21, 2024. (Ex. 2).
6. On December 4, 2024, MassHealth received a copy of a one-page Disability Determination Tracking Form, which showed that while DES had received a disability supplement on November 22, 2024, the supplement was incomplete. (Testimony; Ex. 5, p. 17).
7. The appellant's guardian requested the record remain open until January 7, 2025 to provide the fax receipt showing she re-submitted a completed supplement to DES on December 11, 2024, and the MassHealth representative agreed to respond by January 9, 2025. (Testimony; Ex. 6).
8. On January 7, 2025, the guardian's office submitted 21 pages, including the 20 page Adult Disability Supplement and a fax receipt confirming 20 pages were submitted to EOHHS on December 12, 2024. (Ex. 8).
9. In emails dated January 7 and January 10, 2025, the MassHealth representative wrote that DES acknowledged receiving an incomplete Adult Disability Supplement on December 18, 2024, but did not confirm the exact receipt date, and as a result, MassHealth had no confirmation that the appellant submitted a completed disability supplement. (Ex. 7).

Analysis and Conclusions of Law

A MassHealth applicant is required to cooperate in providing information necessary to establish eligibility and must comply with all MassHealth rules and regulations, including those related to

recovery and obtaining or maintaining other health insurance. (130 CMR 515.008(A)). To apply for MassHealth long-term care services in a nursing facility, the individual or their authorized representative must submit a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC). (130 CMR 516.001(A)(1)(b)). Upon receiving the application, MassHealth will request any necessary corroborative information to assess eligibility, which will be communicated through written notification shortly after the application is received. (130 CMR 516.001(B); 516.003(C)). The notice will specify a due date for submitting the requested information and outline the consequences of non-compliance. (130 CMR 516.001(B)(2); 516.003(D)). If the requested information is submitted within 30 days, the application is deemed complete, and MassHealth will determine the most comprehensive coverage type for which the applicant qualifies. (130 CMR 516.001(C)). Failure to provide the requested information within this timeframe may result in denial of benefits. (Id.).

MassHealth requires verification of various eligibility factors, including income. (130 CMR 516.003). Types of income considered in the eligibility determination include income to which the applicant is entitled, even if not actually received, where failure to receive it results from the action or inaction of the applicant or someone acting on their behalf. (130 CMR 520.009(A)(4)). Additionally, applicants must take all necessary steps to obtain benefits they are legally entitled to¹ or may be eligible for which include, but are not limited to, Social Security, Railroad Retirement, federal Veterans' Administration benefits (including Aid and Attendance payments), civil service annuities, unemployment compensation, workers' compensation, state retirement benefits, and any other benefits or estate shares to which the applicant is legally entitled. (130 CMR 517.007(A)).

The hearing officer may not exclude evidence solely because it was not previously submitted to the acting entity, provided the acting entity representative is given reasonable time to respond to any new evidence. Any adjustments to the appellant's eligibility status will take effect on the date when all eligibility conditions were met, regardless of when supporting evidence is submitted. (130 CMR 610.071(A)(2)).

The record shows that on October 3, 2024, MassHealth sent the appellant a letter requesting verification that a complete adult disability supplement had been submitted to DES; such verification was due by November 2, 2024. MassHealth did not receive the requested verification by the deadline. By notice dated November 8, 2024, MassHealth denied the appellant's application because he failed to submit the necessary verifications for determining eligibility for MassHealth LTC benefits. The appellant timely appealed this denial. At the hearing, the MassHealth representative stated that while DES had received a submission from the appellant after the denial, DES considered it incomplete. The appellant's guardian testified that she re-submitted the adult disability supplement to DES in December and requested the

¹ With one exception that is not applicable in this case: when the applicant can show that doing so would put them, or any of their family members in harm by supplying information to the policyholder in cases where there is demonstrated necessity for restricting such access. (130 CMR 517.007(A)).

record remain open to submit this verification to both the hearing officer and MassHealth. The appellant's guardian later provided evidence showing the adult disability supplement was submitted to DES on December 12, 2024. In response, the MassHealth representative confirmed that while DES acknowledged receipt of the supplement, DES deemed it incomplete on December 18, 2024. As of this writing, the appellant has not submitted the verification necessary for MassHealth to issue an eligibility determination.

For that reason, 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

[REDACTED]

Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780