

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500273
Decision Date:	04/15/2025	Hearing Date:	02/10/2025
Hearing Officer:	Scott Bernard	Record Open to:	04/04/2025

Appearance for Appellant:



Appearance for MassHealth:

Patricia Lemke (Springfield 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:	04/15/2025	Hearing Date:	02/10/2025
MassHealth's Rep.:	Patricia Lemke	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 December 2, 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 the appellant's attorney, submitted this appeal in a timely manner to the Board of Hearings on January 4, 2025. (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 initially left open until March 12, 2025 for the appellant's attorney to submit further verifications, and until March 19, 2025 for the MassHealth representative to review those verifications. (Exs. 8, 9). On April 4, 2025, the MassHealth representative informed the hearing officer by email that she had not received all outstanding verifications, at which time the record closed. (Id.).

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 Springfield MassHealth Enrollment Center (MEC) and the appellant's representative.

The MassHealth representative testified to the following. The appellant is over the age of 65 years old. (Testimony; Ex. 3). MassHealth received the application on October 17, 2024 prior to the appellant being admitted. (Testimony). The application initially lacked a required form, which was later submitted. (Testimony). The appellant was admitted to the facility on [REDACTED], with a payment start date of January 8, 2025. (Testimony). MassHealth denied the application on December 3, 2024, due to missing verification. (Testimony). As of the date of the hearing, three key verifications were still outstanding: the source and amount of the appellant's veterans' pension, a copy of the [REDACTED] card with premium details, and checking account statements from a specific bank covering the year to date. (Testimony). The MassHealth representative confirmed that all nursing home documentation had since been received. (Testimony).

The appellant's attorney stated the following. The appellant's attorney had been actively trying to obtain the veterans' pension verification, including through written and online requests, but had not yet received a response. (Testimony). The appellant's attorney stated she had requested a duplicate health plan card and had already submitted the only available billing information for the premium. (Testimony). The appellant's attorney confirmed she had the updated bank statements ready for submission and requested an additional 30 days to continue her efforts to gather the pension information. (Testimony). In response, the MassHealth representative stated she would need one week to review the remaining materials once submitted. (Testimony).

On February 10, 2025 (the date of the hearing), the hearing officer emailed a record open form to the involved parties detailing their respective responsibilities. (Ex. 8; Ex. 9, p. 1). The appellant's attorney was initially given until March 12, 2025 to submit the verifications (which were listed), and the MassHealth representative was given until March 19, 2025 to review what was submitted and determine whether there was sufficient information to allow MassHealth to issue a new notice with appeal rights. (Ex. 8). On March 12, 2025, the appellant's attorney requested a two-week extension, due to delays in obtaining necessary verifications from the VA, which had only recently contacted her for additional authorization. (Ex. 9, p. 4). This request was granted on the same day, setting new deadlines: March 26, 2025 for the appellant's submission, April 2, 2025 for the MassHealth representative. (Ex. 9, p. 5). On April 4, 2025, the MassHealth representative emailed the hearing officer stating that she had not yet received any of the required documents to

make a decision. (Ex. 9, p. 11).

Findings of Fact

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

1. The appellant is over the age of 65 years old. (Testimony; Ex. 3).
2. MassHealth received the appellant's application LTC services on October 17, 2024 prior to the appellant being admitted to the nursing facility. (Testimony).
3. The appellant was admitted to the facility on [REDACTED], with a requested payment start date of January 8, 2025. (Testimony).
4. MassHealth denied the application on December 3, 2024, due to missing verifications. (Testimony).
5. As of the date of the hearing, three key verifications were still outstanding: the source and amount of the appellant's veterans' pension, a copy of the [REDACTED] card with premium details, and checking account statements from a specific bank covering the year to date. (Testimony).
6. The appellant's attorney had been actively attempting to obtain the veterans' pension verification through written and online requests without success, had requested a duplicate health plan card, submitted all available billing information for the premium, confirmed that updated bank statements were ready for submission, and requested an additional 30 days to continue efforts to secure the pension information. (Testimony).
7. In response, the MassHealth representative stated she would need one week to review the remaining materials once submitted. (Testimony).
8. On February 10, 2025, the hearing officer emailed a record open form assigning deadlines: March 12, 2025 for the appellant's verifications and March 19, 2025 for MassHealth's review and potential issuance of a new notice. (Ex. 8; Ex. 9, p. 1).
9. On March 12, 2025, the appellant's attorney requested a two-week extension due to VA-related delays, which was granted the same day, extending deadlines to March 26, 2025 for the appellant and April 2, 2025 for the MassHealth representative. (Ex. 9, pp. 4–5).
10. On April 4, 2025, the MassHealth representative emailed the hearing officer stating that she had not yet received any of the required documents to make a decision. (Ex. 9, p. 11).

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 to 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)).

A preponderance of the evidence does not show that the appellant has submitted all the requested verifications. The record shows some effort to comply with MassHealth requirements, but key verifications remain missing, preventing a complete eligibility determination. While the attorney indicated that she had actively pursued the veterans' pension information, requested a duplicate health plan card, and prepared updated bank statements, these items were not submitted, even by the extended deadline. Applicants must cooperate in providing all necessary information and take all steps to obtain benefits they may be entitled to, including VA benefits. Although MassHealth allowed additional time and may consider new evidence submitted later, eligibility can only be granted once all conditions are met. Since critical information is still

outstanding, the denial of benefits remains valid based on the current record.

For the above reasons, 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

[REDACTED]

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