

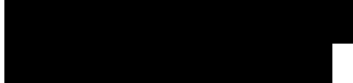
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |                   |                        |            |
|-------------------------|-------------------|------------------------|------------|
| <b>Appeal Decision:</b> | Denied            | <b>Appeal Number:</b>  | 2500396    |
| <b>Decision Date:</b>   | 4/7/2025          | <b>Hearing Date:</b>   | 02/24/2025 |
| <b>Hearing Officer:</b> | Christopher Jones | <b>Record Open to:</b> | 03/28/2025 |

**Appearances for Appellant:**



**Appearance for MassHealth:**

Lindsay Bloomquist – Tewksbury Intake



*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

|                           |                    |                           |  |
|---------------------------|--------------------|---------------------------|--|
| <b>Appeal Decision:</b>   | Denied             | <b>Issue:</b>             | Long term care;<br>Verifications;<br>Screening |
| <b>Decision Date:</b>     | 4/7/2025           | <b>Hearing Date:</b>      | 02/24/2025                                     |
| <b>MassHealth's Rep.:</b> | Lindsay Bloomquist | <b>Appellant's Reps.:</b> | [REDACTED]                                     |
| <b>Hearing Location:</b>  | Telephonic         | <b>Aid Pending:</b>       | 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 9, 2024, MassHealth denied the appellant's application for long-term-care benefits because the appellant did not give MassHealth information needed to decide eligibility. (Exhibit 1; 130 CMR 515.008.) The appellant filed this appeal in a timely manner on January 7, 2025.<sup>1</sup> (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

### Action Taken by MassHealth

MassHealth denied the appellant's long-term-care application because the appellant did not provide documentation needed to verify all eligibility conditions.

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<sup>1</sup> The Board of Hearings dismissed this filing as the conservator did not submit a copy of her authorization. Conservatorship authority was submitted on January 30, 2025. (Exhibits 3-5.)

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, 519.006, and 456.408, in determining that the appellant is ineligible for failing to cooperate and verify eligibility criteria for long-term-care services.

## Summary of Evidence

The appellant is over the age of [REDACTED] and has a household of one. MassHealth received a long-term-care application on October 24, 2024. MassHealth denied the application for missing verifications, including financial verifications but also because the appellant had not submitted required forms documenting that the appellant had been admitted to the nursing facility. MassHealth's representative testified that all applicants for long-term-care services need to complete a Status Change for a Member in a Nursing Facility or Chronic Disease and Rehabilitation Inpatient Hospital ("SC-1") and have a clinical eligibility screening and pre-admission screening, determining that the member was clinically appropriate for long-term care services.

The day before the hearing, the appellant submitted many verifications. The appellant alleged that all of the financial verifications were submitted, but they acknowledged that neither the SC-1 nor the clinical screens were submitted. At the hearing, the appellant's representative testified that they had an SC-1 ready, but the screening agency still had not evaluated the appellant. The appellant's representative alleged that the delay was with the company that performs the clinical screenings. They testified that the screening had been requested, but they were still waiting for the screening agency to come out and evaluate the appellant.

The hearing record was left open until March 21, 2025, for the appellant to submit the SC-1 and screening. It was noted that the appellant had been in the facility for several months already, and the parties were ordered to request extensions prior to the record open deadline, identifying why the screening agency had delayed screening the appellant for so long. MassHealth was to review and respond to any submissions by March 28, 2025.

On March 31, 2025, the hearing officer reached out to confirm that nothing had been submitted. The appellant's representative responded that the nursing facility had a compliance issue with the screening requirements that held up their participation in clinical screenings. The facility had just been informed that they were in compliance and screenings would be resuming. The appellant requested a week extension from March 31, 2025, to submit the screening. As this request was both untimely and did not identify why the screening had been delayed for months prior to the appeal, the extension request was denied.

## Findings of Fact

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

- 1) The appellant is an individual household over the age of [REDACTED] MassHealth received a long-term-care application on October 24, 2024. (Exhibit 7; testimony by MassHealth's representative.)
- 2) The appellant did not submit all necessary financial verifications and did not submit a SC-1 or clinical screens. (Exhibit 1; Exhibit 7; testimony by MassHealth's representative.)
- 3) The appellant submitted many verifications on the day before the hearing but acknowledged that the SC-1 and clinical screenings had not been submitted. (Testimony by the appellant's representatives.)
- 4) The hearing record was left open for the appellant until March 21, 2025, to submit the SC-1 and screenings. The appellant did not submit the SC-1 or screenings, and they did not request an extension in a timely manner. (Exhibit 8.)

## Analysis and Conclusions of Law

To qualify for long-term-care benefits, an applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001.) "If the requested information is received within 30 days of the date of denial, the date of receipt of one or more of the verifications is considered the date of reapplication." (130 CMR 516.002(A).) If a MassHealth member fails to cooperate with MassHealth and submit the documentation requested, MassHealth will deny the member's application. (See 130 CMR 515.008(C).)

One eligibility requirement for long-term-care benefits, is that institutionalized individuals must "be determined medically eligible for nursing facility services by the MassHealth agency or its agent as a condition for payment, in accordance with 130 CMR 456.000: *Long Term Care Services*." (130 CMR 519.006.) The "Conditions for Payment" detailed at 130 CMR 456.408

(A) The MassHealth agency pays for nursing facility services if all of the following conditions are met.

(1) The MassHealth agency or its designee has determined that individuals [REDACTED] years of age or older meet the nursing facility services requirements of 130 CMR 456.409 or the multidisciplinary medical review team coordinated by the Department of Public Health has determined that individuals [REDACTED] years of age or younger meet the criteria of 130 CMR 519.006(A): *Eligibility Requirements*.

(2) The MassHealth agency or its designee has determined that community care is either not available or not appropriate to meet the individual's needs.

(3) The requirements for the pre-admission screening and resident review (PASRR) process in 130 CMR 456.410 and as required by sub-regulatory guidance have been met. Failure to follow applicable PASRR rules will result in denial of MassHealth payments to the nursing facility for MassHealth members during the period of noncompliance pursuant to 42 CFR 483.122.

(130 CMR 456.408; see also EOM 23-15 (July 2023) (setting for requirements for filing SC-1 within 10 days of admission where member was eligible for MassHealth in the community).)

The appellant failed to submit all required documentation to determine MassHealth eligibility and otherwise cooperate with MassHealth during the processing of their application. The SC-1 is required to determine the date long-term-benefits will start, and the clinical screenings ensure applicants require the level of services requested. The appellant failed to submit this documentation despite the extension afforded through the fair hearing process. For this reason, this 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.

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Christopher Jones  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center