

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503396
Decision Date:	05/13/2025	Hearing Date:	03/28/2025
Hearing Officer:	Scott Bernard	Record Open to:	05/07/2025

Appearance for Appellant:



Appearance for MassHealth:

Wilfred J. Colon (Charlestown 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:	05/13/2025	Hearing Date:	03/28/2025
MassHealth's Rep.:	[REDACTED]	Appellant's Rep.:	Elizabeth Benoit
Hearing Location:	Charlestown 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 January 29, 2025, 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 her named representative, submitted this appeal in a timely manner to the Board of Hearings on February 28, 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 April 28, 2025 for the appellant's representative to submit further verifications, and until May 5, 2025 for the MassHealth representative to review those verifications. (Ex. 6, Ex. 7). On May 7, 2025, after an inquiry from the hearing officer, the parties informed the hearing officer that the verifications had not been submitted and the record closed. (Ex. 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 Charlestown MassHealth Enrollment Center (MEC) and the appellant's representative.

The MassHealth representative submitted written evidence and testified to the following. (Ex. 5). The appellant is a single individual who is over the age of 65. (Testimony; Ex. 3, Ex. 5, pp. 2, 3). On December 11, 2024, the Electronic Document Management Center (EDMC) received the appellant's application for LTC services and other documents.¹ (Testimony; Ex. 5, p. 2). The application was then assigned to the MassHealth representative on December 16, 2024, and processed the following day. (Testimony).

On December 20, 2024, MassHealth sent the appellant VCT-1 letter (a request for verifications) with a list of verifications that needed to be submitted by January 19, 2025. (Testimony; Ex. 5, pp. 6-13). On January 21, 2025, MassHealth received a nine-page packet of documents that included screening forms, a private pay letter, and a duplicate of the appellant's deed. (Testimony; Ex. 5, pp. 3, 4, 5). On January 29, 2025, MassHealth issued a notice informing the appellant that it was denying her application for LTC services because she did not submit requested verifications within the required time frame. (Testimony; Ex. 1; Ex. 5, pp. 14-17). This notice was subsequently appealed on February 28, 2025. (Testimony; Ex. 2). The MassHealth representative noted that as of the hearing date, all required verifications listed in the denial were still outstanding. (Id.). The MassHealth representative also mentioned that the appellant's representative emailed him the day prior to the hearing stating that she needed a 60-day extension due to hardships. (Testimony).

The appellant's representative stated the following in response. She confirmed the MassHealth representative's account of the timeline, and the documentation that had been submitted. The appellant's representative explained that they submitted the application with all the documents that they had available to them at that time. Initially, the appellant had a family member who had helped gather documents, but that person had since become unresponsive to phone calls and emails from both the appellant's representative and the appellant's nursing home. (Testimony). As a result, they had not been able to either gather or submit the remaining verifications. (Testimony). The appellant's representative stated that the nursing facility told her that since the

¹ The MassHealth representative testified that the submission totaled around 100 pages and included (in addition to the application) Supplement A to the application (Long-Term Care/Home- and Community-Based Service Waiver); an authorized representative designation (ARD) form; supporting documentation related to power of attorney, citizenship, immigration, health/ life insurance, unemployment, taxes, and burial; and approximately 40 pages of bank information. (Testimony).

appellant was legally competent, they were going to ask her to give them power of attorney, which would permit them to gather the verifications. (Testimony). The appellant's representative stated that once the nursing facility gathered the verifications, she would submit them for MassHealth's review and requested additional time after the hearing to do so. (Testimony).

The record was therefore left open until April 28, 2025 to allow the appellant's representative an opportunity to submit the remaining verifications and until May 5, 2025 for the MassHealth representative to review any verifications submitted and notify the hearing officer and the appellant's representative of any that was still missing. (Ex. 6).

On May 7, 2025, having received no updates from the parties, the hearing officer emailed the MassHealth representative and the appellant's representative to obtain an update. (Ex. 7, p. 3). The MassHealth representative responded on the same date, stating that he had not received any of the verifications listed on the record open form, and all verifications listed in the denial remained outstanding. (Ex. 7, p. 2). The appellant's representative also responded, and confirmed that she had not been able to obtain any further verifications and therefore was not able to submit any of the outstanding verifications listed on the record open form. (Ex. 7, p. 1).

Findings of Fact

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

1. The appellant is a single individual who is over the age of 65. (Testimony; Ex. 3, Ex. 5, pp. 2, 3).
2. On December 11, 2024, EDMC received the appellant's LTC application and a number of supplemental forms and documents, which totaled about 100 pages. (Testimony; Ex. 5, p. 2).
3. The application was assigned to the MassHealth representative on December 16, 2024, and processed on December 17, 2024. (Testimony).
4. MassHealth sent out a request for information on December 20, 2024 with a list of verifications that needed to be submitted by January 19, 2025. (Testimony; Ex. 5, pp. 6-13).
5. On January 21, 2025, MassHealth received a nine-page packet of documents that included screening forms, a private pay letter, and a duplicate deed. (Testimony; Ex. 5, pp. 3, 4, 5).
6. On January 29, 2025, MassHealth issued a notice denying the appellant's application for LTC services because the appellant did not submit requested verifications within the required time frame. (Testimony; Ex. 1; Ex. 5, pp. 14-17).
7. The appellant, through her representatives, submitted a timely appeal of the denial on

February 28, 2025. (Testimony; Ex. 2).

8. As of the hearing date, all required verifications listed in the denial were still outstanding. (Testimony).
9. At the request of the appellant's representative, and without objection from the MassHealth representative, the record was left open until April 28, 2025 for the appellant's representative to submit requested verifications, and until May 5, 2025 for the MassHealth representative to review any verifications submitted and notify the hearing officer and the appellant's representative of any that were still missing. (Testimony; Ex. 6).
10. On May 7, 2025, the parties confirmed that no further verifications had been submitted. (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.).

On December 20, 2024, MassHealth sent the appellant a request for information listing verifications that the appellant needed to submit no later than January 19, 2025. The appellant did not submit any verifications between December 20, 2024 and January 19, 2025. On January 21, 2025, the appellant did submit nine pages of documents, but those nine pages were not the totality of the verifications requested in the December 20, 2024 request for information. On January 29, 2025, MassHealth issued a notice that it was denying the appellant's application for LTC services for failure to submit request information within the required timeframe.

On February 28, 2025, the appellant (through her named representative) submitted a timely request for the January 29, 2025 denial. The MassHealth representative testified that between January 29, 2025 and the date of the hearing, MassHealth had received none of the outstanding verifications. The appellant's representative testified that she and the nursing facility were having

trouble obtaining the remaining verifications, describing these difficulties in detail.

The appellant's representative requested that the record remain open to allow her a further opportunity to obtain the remaining verifications. The MassHealth representative did not object to this. 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. (130 CMR 610.071(A)(2)). 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. (Id.).

The appellant's representative was given until April 28, 2025 to submit the remainder of the verifications MassHealth sought and the MassHealth representative was given until May 5, 2025 to assess the verifications submitted and describe any that were missing. On May 7, 2025, two days after MassHealth's deadline, both parties confirmed that no further outstanding verifications were submitted.

MassHealth correctly determined that the appellant did not submit requested verifications within the required time frame when it issued the January 29, 2025 denial. Following the date of the denial, a further 98 days, encompassing the appeal, the hearing date, and the record open period, passed and no further verifications were submitted.

Based on the above, 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

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