

Affidavit of Elaine J. Breslow

My name is Elaine J. Breslow and I reside at 714 Jerusalem Road, Cohasset, Massachusetts. I am employed part-time by Attorney Brian Barreira. I am admitted to the State of Connecticut bar. I hereby depose and state the following under pains of perjury based on my own personal knowledge:

1. I worked with a long-term client's son, who is her attorney-in-fact under a durable power of attorney, and filed a Long Term Care MassHealth application for the client on February 6, 2018. The application was mailed via USPS Priority Mail and delivery confirmation was obtained and showed that the application was received by MassHealth on February 7, 2018
2. On or about February 26, 2018 our office received a Request for Information dated February 20, 2018 with a due date of March 22, 2018. Our office mailed the necessary Request for Information documentation along with a letter of explanation via USPS Priority Mail on March 21, 2018. Delivery confirmation was obtained and showed that the documentation was received by MassHealth on March 22, 2018
3. On or About April 3, 2018 our office received Denial Notice: 59003851 dated March 28, 2018. This denial notice is attached hereto as Exhibit A, with the client's name redacted.
4. As is our practice, this office filed a timely Fair Hearing Request to the Office of Medicaid's Board of Hearings (BOH) citing "to submit allegedly missing documentation and to preserve the retroactivity of the application" as the reasons for the request. The request was faxed on April 5, 2018 and a printed receipt of a successful transmission was obtained. The request was also mailed on April 6, 2018 via USPS Priority Mail. Delivery confirmation was obtained and showed that the request was received by the BOH on April 7, 2018
5. Denial Notice 59003851 states: "MassHealth has reviewed your application for MassHealth long-term-services which you filed on 2/7/2018. You are not eligible for MassHealth long-term-care services for the following reasons: You did not give MassHealth the information it needs to decide your eligibility within the required time frame. 130 CMR 515.008" It continues, "If your application for MassHealth was denied because you did not give us the information or proof we needed to decide if you are eligible for MassHealth you can either: send us some of the needed information or proof within 30 days of the date on this notice . . . or ask for a fair hearing if you want us to go back to the original application date."
6. Since no information was provided on the Denial as to what this missing "information or proof" may have been, I made several attempts to contact the case worker. The case worker eventually returned my call on April 10, 2018. When I

mentioned to the case worker that it would have been helpful for her to indicate what documentation was allegedly still missing rather than issue an outright denial, she explained that the computer system used by MassHealth does not allow her to input even a sentence and that if the application is not going to be approved, it is essentially denied with no further explanation.

7. Had I not successfully made contact with the case worker, all parties would have arrived at the Fair Hearing with the applicant still having no idea of what was allegedly missing, let alone having gathered the necessary documentation.
8. This is far from the first time I have had to deal with a similar lack of information in a MassHealth denial notice. In dealing with these uninformative denial notices, a lot of time is wasted on the part of the MassHealth case workers, the Board of Hearings and MassHealth applicants.

Signed under the pains of perjury on this 13th day of April, 2018

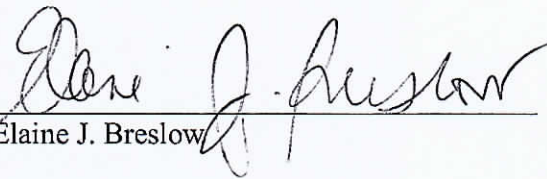

Elaine J. Breslow

Exhibit A

TAUNTON OFFICE
21 SPRING ST, SUITE 4
TAUNTON MA 02780-3457

Commonwealth of Massachusetts
Executive Office of Health
and Human Services
Office of Medicaid
www.mass.gov/mashealth

Tel: (800) 242-1340
TTY: (888) 665-9997
Fax: (508) 828-4634

Reference : 83501828136314



576/D *000707*
LAW OFFICES OF B BARREIRA
118 LONG POND RD S-206
PLYMOUTH MA 02360

Attn: LAW OFFICES OF B BARREIRA Re: Notice sent to [REDACTED]

Date: 03/28/2018 Notice: 59003851 SSN: XXX-XX-1363

Dear [REDACTED]

Important! This health-care benefits notice tells you the decisions we have made about certain programs that you may be eligible for. Please read the whole notice to find out about your health-care benefits.

MassHealth Long-Term-Care Services in a Nursing Facility

MassHealth has reviewed your application for MassHealth long-term-care services which you filed on 02/07/2018. You are not eligible for MassHealth long-term-care services for the following reasons:

Reason and Manual Citation

You did not give MassHealth the information it needs to decide your eligibility within the required time frame. 130 CMR 515.008

If your application for MassHealth was denied because you did not give us the information or proof we needed to decide if you are eligible for MassHealth, you can either:

continued...

- * send us some of the needed information or proof within 30 days of the date on this notice (if you are eligible for MassHealth, the date we get the needed information or proof will be your reapplication date.); or
- * ask for a fair hearing if you want us to go back to your original application date.

MassHealth Community-based Services

MassHealth has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name	SSN/DOB	Medicaid ID
[REDACTED]	XXX-XX-1363	

Reason and Manual Citation

You did not give MassHealth the information it needs to decide your eligibility within the required time frame. 130 CMR 515.008

If your application has been denied because you did not submit the verifications needed to determine your eligibility, you are not required to complete another application if you submit one or more of the verifications within 30 calendar days of the date on this notice. The date on which we receive the initial missing verifications will become your reapplication date.

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the Member Booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the Request for a Fair Hearing page of this notice.

Health Safety Net

The Health Safety Net will not pay for services given to the individual(s) listed below. You must pay for services you get at a hospital or community health center. Please call the number at the top of this notice if you have any questions about this decision.

Name	SSN	Medicaid ID
[REDACTED]	XXX-XX-1363	

Reason and Manual Citation

You did not give MassHealth the information it needs to decide your eligibility within the required time frame. 130 CMR 515.008

If you have questions about this Health Safety Net decision, please call the number at the top of this notice. If you do not agree with this Health Safety Net decision, you may contact the Health Safety Net, Attn: HSN Grievances, 100 Hancock Street, 6th Floor, Quincy, MA 02171, or you can call them at 1-877-910-2100.

Health Connector

Name	SSN/DOB	Medicaid ID
[REDACTED]	XXX-XX-1363	

You did not give MassHealth the information it needs to decide your eligibility within the required time frame. 130 CMR 515.008

If you have any questions about your eligibility, please call the number at the top of this notice.