

## AFFIDAVIT OF COUNSEL

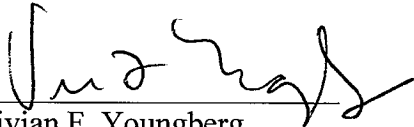
NOW COMES Vivian F. Youngberg of the Youngberg Law Firm, and hereby deposes and states that:

1. I am an attorney in good standing, licensed to practice in the Commonwealth of Massachusetts, with a principal place of business at 10 Main St Lakeville, MA 02347. I have chosen to practice in this area of law because I feel a commitment to help the elderly in my community navigate applying for long term care benefits from MassHealth. The average person finds the process completely overwhelming.
2. About 50% of my practice is comprised of long term care planning and MassHealth applications. Over the last 20 years I have noticed a trend when dealing with MassHealth. I can competently complete an application for long term care for a particular client. The caseworker will always request additional verifications.
3. In the past if we did not supply exactly what the caseworker was looking for because it was not clear, there would be a second request specifying what was missing or providing clarification. We supplied the missing items and were approved. In the last several years this process has changed to receiving a denial notice that simply says we are denied because we did not provide the requested verifications.
4. In many other cases where we are certain we have supplied all the requested verifications we still receive a denial. Often something we have already sent, (and we are sure of this because we scan the entire package before sending it), is “missing” and the burden is on my Client to send it again. MassHealth bears no responsibility for a single piece of paper that is sent to them.
5. Another recent trend is receiving a denial because according to the caseworker they had to “get it off their desk” and did not have time to look at what we sent in.
6. In all of these cases there is a predictable series of events: the nursing home calls to see what we did wrong, and the Client calls extremely upset because to them a “DENIAL” means their loved one is never receiving MassHealth benefits and the nursing home is going to put them on the street. These are families who did not easily make the decision to admit their loved one to a nursing home. For the families that I work with this decision is a “last resort” and they care for their loved one at home until it becomes unsafe or impossible.
7. In all of the denials the only option I have is to file an appeal, so the caseworker can get the case back on their desk. If I am lucky to have a cooperative caseworker, once I file the appeal they might tell me the reason for the denial. Often the caseworker will assure me that “everything is OK” but their verbal assurance does not protect my Client’s ability to receive retroactive benefits if I do not receive an approval in my hand within 30 days.

8. At least 50% of the time the “missing verification” is in the file. In the other cases I need to prepare for a fair hearing. I often find it hard to be a zealous advocate for my clients since I am blindly preparing for a hearing.

9. I do not blame the caseworkers for this faulty “system”. Many of them are cooperative and want to work towards a solution. This system creates unnecessary work for both the caseworker and my office. The unnecessary work costs the State and my Client’s money. I wonder if the “process” is guaranteed employment for MassHealth employees.

SIGNED under the pains and penalties of perjury on this 10<sup>th</sup> day of May, 2018.



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