

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2155590
<b>Decision Date:</b>	02/22/2022	<b>Hearing Date:</b>	12/21/2021
<b>Hearing Officer:</b>	Paul C. Moore	<b>Record Closed:</b>	02/07/2022

**Appellant Representatives:**



**MassHealth Representative:**

David Gelin, Tewksbury MassHealth  
Enrollment Center (by 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Verifications
<b>Decision Date:</b>	02/22/2022	<b>Hearing Date:</b>	12/21/2021
<b>MassHealth Rep.:</b>	David Gelin	<b>Appellant Reps.:</b>	
<b>Hearing Location:</b>	Board of Hearings (remote)		

## 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 June 22, 2021, MassHealth denied the appellant's MassHealth application for long-term care coverage because the appellant did not give MassHealth the information it needed to decide his eligibility within the required time frame (Exh. 4). The appellant, through his court-appointed guardian, timely requested a fair hearing with the Board of Hearings (BOH) on this denial on July 21, 2021 (Exh. 5).

Denial of assistance is valid grounds for appeal to the Board of Hearings (130 CMR 610.032).

MassHealth issued a second denial notice to the appellant on September 14, 2021, again denying his application for long-term care coverage because the appellant did not give MassHealth the information it needed to decide his eligibility within the required time frame (Exh. 1). The appellant's guardian again timely filed a request for a fair hearing with the BOH on December 2, 2021 (Exh. 2).<sup>1</sup>

An appeal hearing was held on December 21, 2021, by telephone. At the close of the hearing, the hearing officer agreed to keep the record of the appeal open for four weeks, or until January 18, 2022, for the appellant to produce missing documentation about the appellant's, and his spouse's, income and assets (Exh. 9), and for two additional weeks, or until February 1, 2022, for MassHealth

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<sup>1</sup> Pursuant to MassHealth Eligibility Operations Memo 20-09, dated April 7, 2020, MassHealth members have up to 120 days, instead of the standard thirty days, to request a fair hearing for member eligibility-related concerns during the COVID-19 national emergency.

to review the documentation produced and to report back whether all corroborative information needed to make an eligibility decision had been received (*Id.*).

On January 14, 2022, the hearing officer received documentation from the appellant, which was copied to the MassHealth representative (Exh. 11). On January 31, 2022, the MassHealth representative responded via e-mail to the hearing officer and to the appellant that he had not received all requested documentation, including an itemized list of what was still purportedly missing (Exh. 12). The hearing officer extended the record-open period for the appellant to submit the missing information until on or before February 4, 2022 (Exh. 13).

On February 3, 2022, the appellant submitted some additional requested information, via e-mail to the hearing officer and to the MassHealth representative (Exh. 14). On February 7, 2022, the MassHealth representative responded that he still had not received sufficient information to proceed to an eligibility decision (Exh. 20).

The hearing officer closed the record of the appeal on February 7, 2022.

## **Action Taken by MassHealth**

MassHealth denied the appellant's application for MassHealth benefits for failure to verify.

## **Issue**

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.001, in denying the appellant's application due to a failure to comply with its verification requests.

## **Summary of Evidence**

A representative from the Tewksbury MassHealth Enrollment Center ("MassHealth representative") testified by telephone that the appellant, who is over age 65 and married, filed an application for MassHealth long-term care coverage on May 11, 2021. The appellant was admitted to a nursing facility in [REDACTED] and the facility would like MassHealth coverage to begin on May 11, 2021. The MassHealth representative testified that he mailed the appellant a Request for Information form on May 12, 2021 seeking more information about the income and assets of the appellant and his spouse. The answers to the Request for Information were due back to MassHealth on June 16, 2021. The MassHealth representative stated that he received nothing in response, so he denied the appellant's application by notice dated June 22, 2021 (Testimony, Exh. 1).

A subsequent application for long-term care coverage was filed by the appellant and/or his court-appointed guardian in August, 2021, which was also denied for missing verifications in September, 2021 (Exh. 1). That denial was also timely appealed to the BOH (Exh 2).<sup>2</sup> The MassHealth representative stated, however, that he would honor the May, 2021 application date, since an appeal was timely filed (Testimony).

The MassHealth representative stated that the appellant and his spouse own a three-family home, and that the appellant's spouse lives in one of the units. The MassHealth representative stated that he needs an itemized list of rental payments received from both tenants, as well as expenses, such as repairs, maintenance, taxes, mortgage amounts, and homeowners insurance, paid by the appellant on the real estate for the 12-month period May, 2020 through May, 2021.<sup>3</sup> In addition, the MassHealth representative needs a copy of a pension stub of the appellant showing the gross pension amount the appellant receives monthly. The MassHealth representative stated that for both the appellant and his spouse, he needs a copy of any health insurance cards issued to them by other payors, such as Medicare. For both the appellant and his spouse, MassHealth needs information about life insurance policies with Primerica owned by the couple, including the face values and cash surrender values of any such policies (Testimony).

In addition, according to the MassHealth representative, there are three bank accounts with Bank #1, two of which are joint accounts owned by the couple, and one of which is owned only by the appellant's spouse. For all of these accounts, MassHealth needs copies of monthly bank statements from May, 2020 through April, 2021. The June 22, 2021 denial notice (Exh. 3) states that MassHealth is requesting the source of all deposits into these bank accounts, and for all bank accounts, MassHealth is also asking the appellant to identify the purposes of withdrawals from, and checks drawn on, these accounts in the amounts of \$1,000.00 or more. Finally, the MassHealth representative stated that the version of the MassHealth application filed by the appellant in May, 2021 was "too old;" the application received was a version created in January, 2021 and was no longer accepted by MassHealth in May, 2021. The version that the appellant should have used was created in March, 2021. Therefore, MassHealth is requesting that the appellant complete a more current version of the MassHealth application, along with a more current version of supplement A, the long-term care portion of the application (Exhs. 2 & 8; Testimony).

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<sup>2</sup> According to the September 14, 2021 denial notice, all of the same verifications identified in the June 22, 2021 denial notice are also listed as missing in connection with the August, 2021 application (Exh. 1).

<sup>3</sup> The MassHealth representative stated that such "business expenses" would be contained on the couple's 2020 and/or 2021 joint federal tax return, but he was informed that the couple has not filed tax returns for the past two years.

The appellant was represented at hearing by his court-appointed guardian, and by an attorney, both of whom appeared by telephone.<sup>4</sup> The attorney stated that he filed many of the responsive documents a few days prior to the hearing, along with a pre-hearing legal memorandum.<sup>5</sup> He testified that there are no current life insurance policies owned by the appellant or by his spouse. The MassHealth representative accepted this representation. With regard to one of the joint accounts at Bank #1, the attorney stated that no such account exists. The MassHealth representative stated that he needs a letter from Bank #1 to this effect (Testimony).

In his pre-hearing memo, which the hearing officer received following the hearing, the appellant's attorney states that the appellant has severe dementia, that his spouse does not speak English, and that the appellant's guardian has had to rely on the appellant's adult son to obtain information about the couple's income and assets (Exh. 10). In addition, the attorney asserted that one of the tenants at the property owned by the couple has not been paying rent on a regular basis "in the COVID environment," and that in view of the maintenance, taxes, and other upkeep costs of the units paid by the appellants, there is "no net rental income" (*Id.*). Appended to his legal memo is a series of attachments, including copies of bank statements for various accounts at Bank #1, a real estate tax bill on the real estate for fiscal year 2021, a city assessment of the real estate value, and a single mortgage invoice addressed to the couple from October 1, 2021 (*Id.*). For the rental income, a single-page summary lists the total amounts of rent received each month, not itemized by unit, for the period January, 2020 through December, 2020, along with a representation that the couple paid various amounts for cleaning and maintenance (\$975.00), insurance (\$1,700.00), repairs (\$8,300.00), supplies (\$2,450.00), taxes (\$5,600.00), and utilities (\$6,600.00).<sup>6</sup> No invoices, bills or receipts are attached, other than one utility bill from National Grid dated September, 2021 for \$44.11 (Exh. 10L).<sup>7</sup>

Copies of Medicare insurance cards for both the appellant and his wife, as well as a completed MassHealth application long-term care supplement effective in January, 2021, are also attached to the attorney's memo (Exh. 10A, 10B, and 10M).

The appellant's attorney asserted that the hearing officer is not empowered to deny an appeal based on missing verifications, but may only deny an appeal based on the merits, such as a finding of the appellant having excess assets or having made disqualifying transfers of resources (Testimony)

At the close of the hearing, the hearing officer agreed to leave the record of this appeal open for four weeks, or until January 18, 2022, for the appellant to submit the following to MassHealth and to the hearing officer:

New MassHealth application and long-term care supplement (copies of these to be provided to appellant by MassHealth representative); copy of appellant's pension

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<sup>4</sup> The appellant's guardian was appointed by the probate court on July 30, 2021 (Exh. 3).

<sup>5</sup> As of the hearing date, the hearing officer had not received the attorney's legal memo, nor copies of any verifications.

<sup>6</sup> This statement appears to have been prepared by the couple's son.

<sup>7</sup> With regard to this utility bill, the MassHealth representative stated that it appears to be for the unit in which the appellant's spouse resides.

stub showing gross monthly pension amount paid, preferably from May, 2021; for both apartment rental units located at [address omitted], accounting of rental payments received by the appellant and his spouse from May, 2020 through May, 2021, and verification of expenses paid by the appellant and his spouse on the rental units, including any taxes, insurance, repairs, cleaning, and maintenance, to be supported by copies of any bills, invoices and/or canceled checks; for [Bank #1] account ending in XXXX, copies of monthly statements from May, 2020 through April, 2021, or a letter from the bank corroborating that the account is closed, and evidence of where the closing proceeds were deposited; for [Bank #1] account ending in YYYY, copies of monthly statements from May, 2020 to October 6, 2020, or a letter from the bank corroborating that the account is closed, and evidence of where the closing proceeds were deposited; and for [Bank #1] account ending in ZZZZ, explanations of any deposits or withdrawals to/from the account in the amounts of \$1,000.00 or more, for the period 10/2020 through 7/2021

(Exh. 9)

The hearing officer also agreed to keep the record of the appeal open until February 1, 2022 for MassHealth to report back whether all verifications needed to make an eligibility determination have been received (*Id.*).

On January 14, 2022, the hearing officer received copies of the following from the appellant's guardian: a completed MassHealth application (version dated July, 2020) and completed supplement A (version also dated July, 2020); December, 2021 pension stub for the appellant; a listing of rental payments received from the tenants in each rental unit from May, 2020 through May, 2021 (Exh. 11C, pp. 30-31); a representation that the appellant and his spouse paid various sums for property cleaning and maintenance, insurance, repairs, and supplies, for the periods May through December, 2020, and January through May, 2021, respectively; a listing of mortgage payments the couple purportedly made on the property from May, 2020 through April, 2021; a signed statement from an individual at Bank #1 that a certain joint account identified by MassHealth does not exist; monthly bank statements for an account of the appellant's spouse at Bank #1 for the period April, 2020 through October, 2020; and monthly bank statements for a joint account of the couple at Bank #1 for the period October, 2020 through August, 2021, with handwritten explanations of withdrawals and deposits of \$1,000.00 or greater (Exh. 11).

On January 31, 2022, the hearing officer received the following correspondence by e-mail from the MassHealth representative, which was copied to the appellant's attorney:

I have reviewed the information received and have not received everything requested.

- the application received is from 2020 and not the version requested
- did not receive verification of homeowners insurance
- verifications of rental expenses not received
- [Bank #1 joint account] verifications of transactions over \$1000 not received
- [Bank #1 appellant's spouse's individual account] verifications of the source of

deposits not received

(Exh. 12)

By e-mail dated January 31, 2022, the hearing officer agreed to extend the record-open period for four more days, or until February 4, 2022, for the appellant to submit the balance of the requested verifications (Exh. 13).

On February 3, 2022, the hearing office received correspondence via e-mail from the appellant's attorney, forwarding a copy of the homeowner's insurance policy on the property, as well as a letter from the attorney, averring that the appellant's spouse collects the rent from the tenants in cash, has not provided receipts to the tenants, deposits the rental payments into a joint account she and the appellant have at Bank #1, and "frequently paid (*sic*) bills with cash before making deposits" (Exh. 14).<sup>8</sup> The attorney's letter also states that "what invoices [the guardian] was able to collect have been submitted or are attached – e.g. real estate tax bills" (*Id.*).

The attorney's letter further states that for the Bank #1 joint account, all transactions of \$1,000.00 or more have been explained, and that for the appellant's spouse's individual account at Bank #1, "the statements do not reflect a deposit greater than \$200. Ordinarily applicants are asked to explain deposits over \$1,000. Is [the guardian] being asked to explain every deposit, however small, or are there specific deposits requiring an explanation?" (*Id.*).

Via correspondence dated February 4, 2022, the hearing officer asked the MassHealth representative to clarify what is meant by "verifications of rental expenses" (Exh. 15). The MassHealth responded to the hearing officer and to the appellant's attorney via e-mail on the same date, stating:

When requesting verification of rental expenses I am talking about expenses incurred like repairs, maintenance, and cleaning supported by invoices and/or receipts.

(Exh. 16)

The hearing officer then asked the MassHealth representative, via e-mail, what specific verifications of rental expenses were still missing (Exh. 17). The MassHealth representative responded as follows, to the hearing officer and to the appellant's attorney:

Cleaning and maintenance 5/2020-5/2021  
Repairs 5/2020-12/2020  
Supplies 5/2020-12/2020

(Exh. 18)

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<sup>8</sup> The attorney's letter also asserts that the appellant's spouse "neither reads nor writes" (Exh. 14).

On February 7, 2022, the appellant's attorney forwarded to the hearing officer and to the MassHealth representative a copy of e-mail correspondence he received from the appellant's son purporting to clarify how estimates of expenses for cleaning and repairs were arrived at, stating as follows:

In coming up with the figures, I spoke to [the appellant's spouse], the tenants in the 2nd and 3rd floor regarding repairs and maintenance of the apartments. Please keep in mind that [the appellant's spouse's] record keeping in terms of what was done and receipts was abysmal. I tried to piece together the little bit of information she had to come up with a better understanding of these costs and the like. This has been an incredibly difficult process and we did the best we can, also I might have a few more receipts I can send when I get home this evening.

(Exh. 19)

Also on February 7, 2022, the hearing officer received correspondence via e-mail from the MassHealth representative, copied to the appellant's attorney, stating:

I have reviewed everything received and am still missing requested verifications needed to make a new determination. I never received the correct version of the application completed, proper verifications of withdrawals over \$1000 in the bank accounts or rental expenses, or verification of the source of all deposits into [the appellant's spouse's individual account at Bank #1]. MassHealth has always requested the source of all deposits and never limited deposits to just ones over a certain amount. Without these verifications I am unable to verify the applicant and spouse's income or if I have even been informed of all their income and assets.

(Exh. 20)

## **Findings of Fact**

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

1. The appellant, who is over age 65 and married, submitted an application for MassHealth long-term coverage on May 11, 2021 (Exh. 8).
2. The appellant was admitted to a nursing facility in [REDACTED], and the facility is seeking coverage effective on May 11, 2021 (Exhs. 8 & 21).
3. MassHealth requested additional information about the appellant's and his spouse's assets and income by sending a Request for Information form to the appellant on May 12, 2021, due back to MassHealth on or before June 16, 2021 (Testimony, Exh. 8).
4. No responsive corroborative information was timely received by MassHealth, so MassHealth

denied the appellant's application by notice dated June 22, 2021 (Exh. 4).

5. The appellant, through his court-appointed guardian, timely requested a fair hearing with BOH on this denial on July 21, 2021 (Exh. 5).
6. A second MassHealth application was filed on the appellant's behalf of August 20, 2021 (Exh. 1).
7. The appellant's August, 2021 application was also denied by MassHealth for missing verifications by notice dated September 14, 2021, and the denial was timely appealed to BOH (Exhs. 1 & 2).
8. The appellant has severe dementia (Exh. 10).
9. The appellant's spouse does not speak English, and neither reads nor writes (Exhs. 10 & 14).
10. The appellant and his spouse own a three-family home, and the appellant's spouse lives in one of the three units (Testimony, Exh. 10).
11. In June, 2021, MassHealth informed the appellant in writing that it needed the following documentation: the source of all deposits into two joint bank accounts and one individual bank account at Bank #1, and for all bank accounts, the purposes of withdrawals from, and checks drawn on, these accounts in the amounts of \$1,000.00 or more; copies of health insurance cards for the appellant and his spouse issued by other payors, such as Medicare; an itemized list of rental payments received from both tenants, as well as expenses, such as repairs, maintenance, taxes, mortgage amounts, and homeowners insurance, paid by the appellant on the real estate for the 12-month period May, 2020 through May, 2021; a copy of a pension stub of the appellant showing the gross pension amount the appellant receives monthly; information about life insurance policies with Primerica owned by the couple, including the face values and cash surrender values of any such policies; and a completed MassHealth application, and completed supplement A, using a version of the MassHealth application from March, 2021 or later (Testimony, Exh. 4).
12. The appellant verified his gross pension amount, and the appellant and his spouse verified other health insurance they have with Medicare (Exh. 10).
13. Neither the appellant nor his spouse owns a life insurance policy with Primerica (Testimony).
14. One joint account of the appellants at Bank #1 listed by MassHealth does not exist (Exh. 11).
15. Following the appeal hearing, during a record-open period, the appellant submitted a list of rental payments purportedly received from each tenant during the period May, 2020 through May, 2021 (Exh. 11C, pp. 30-31).
16. During a record-open period following the hearing, the appellant asserted that the appellant

and his spouse paid various sums for property cleaning and maintenance, insurance, repairs, and supplies, for the periods May through December, 2020, and January through May, 2021, respectively, and submitted a listing of mortgage payments the couple purportedly made on the property from May, 2020 through April, 2021 (*Id.*).

17. The appellant submitted a real estate tax bill for the three-family home real for fiscal year 2021, a city assessment of the real estate value, a single mortgage invoice addressed to the couple dated October 1, 2021, and a copy of a homeowner's insurance policy on the property (Exhs. 11 and 14).
18. The appellant's spouse collects the rent from the tenants in cash, has not provided receipts to the tenants, deposited the rental payments into a joint account she and the appellant have at Bank #1, and frequently paid bills with cash before making deposits (Exh. 14).
19. No other expenses of the appellant and his spouse for the real estate, such as cleaning, maintenance, repairs, and supplies, were supported by the submission of receipts, invoices or canceled checks.
20. The appellant's spouse's recordkeeping for maintenance, upkeep, repairs, supplies, cleaning and utilities on the rental units was abysmal (Exh. 19).
21. During the record-open period following the hearing, the appellant submitted monthly bank statements for a joint account of the couple at Bank #1 for the period October, 2020 through August, 2021, with handwritten explanations of withdrawals and deposits of \$1,000.00 or greater (Exh. 11).
22. During the record-open period following the hearing, the appellant submitted monthly bank statements for an account of the appellant's spouse at Bank #1 for the period April, 2020 through October, 2020 but did not identify the sources of deposits into this account (Exhs. 11, 12, and 20).
23. During the record-open period following the hearing, the appellant submitted a completed MassHealth application (version dated July, 2020) and completed supplement A (version also dated July, 2020) (Exh. 11).
24. MassHealth states that these versions of the application and supplement A are "too old" (Exh. 12).

## **Analysis and Conclusions of Law**

MassHealth regulation 130 CMR 516.001(A) provides:

Filing an Application.

(1) Application. To apply for MassHealth

(a) for an individual living in the community, an individual or his or her authorized representative must file a complete paper Senior Application and all required Supplements or apply in person at a MassHealth Enrollment Center (MEC); or  
**(b) for an individual in need of long-term-care services in a nursing facility, a person or his or her authorized representative must file a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC).**

(Emphasis added)

Next, MassHealth regulation 130 CMR 516.001(B) states:

Corroborative Information. The MassHealth agency requests all corroborative information necessary to determine eligibility.

(1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the application.

(2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

MassHealth regulation 130 CMR 516.001(C) reads in pertinent part:

Receipt of Corroborative Information. If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. **If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.**

(Emphasis added)

MassHealth regulation 130 CMR 515.008(A) states in relevant part:

Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

Further, an applicant over age 65 who is institutionalized must verify the value of all countable assets pursuant to 130 CMR 520.007.

In addition, MassHealth verifies the countable-income amount for applicants over age 65 who are institutionalized, pursuant to 130 CMR 520.009, "Countable-income amount." Specifically, 130 CMR 520.009(A) provides:

Overview.

(1) An individual's and the spouse's gross earned and unearned income, less certain business expenses and standard income deductions, is referred to as the countable-income amount. In determining gross monthly income, the MassHealth agency multiplies the average weekly income by 4.333, unless the income is monthly.

...

Pursuant to 130 CMR 520.009(D):

Unearned Income. Income that does not directly result from an individual's own labor or services is unearned. Unearned income includes, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, federal veterans' benefits, **rental income**, interest, and dividend income. **Gross rental income is the countable rental-income amount received less business expenses as described at 130 CMR 520.010(C).** The applicant or member must verify gross unearned income.

... Verifications include

- (1) a recent check stub showing gross income;
- (2) a statement from the income source when matching is not available;
- (3) for rental income: a written statement from the tenant or a copy of the lease;**
- or**
- (4) other reliable evidence.**

(Emphases added)

Next, turning to 130 CMR 520.010(C):

Rental Income.

- (1) Allowable business expenses from rental income include carrying charges, cost of fuel and utilities provided to tenants, and any maintenance and repair costs.**
- (2) If the individual occupies an apartment in the same building from which he or she receives rental income, carrying charges are prorated per unit. The cost of fuel and utilities are prorated if they are paid through a single heating unit or meter.
- (3) The MassHealth agency may deduct actual maintenance and repair costs, other than cosmetic changes, from the amount of rental income if the individual verifies such expenses.**

(Emphases added)

MassHealth has denied the appellant's MassHealth application for failure to submit necessary verifications, and also, because the appellant submitted an "old" version of the MassHealth application. Various MassHealth eligibility operations memos (EOMs) in 2020 and 2021 address the creation of updated versions of the Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2). In particular, EOM 21-03 (issued January 1, 2021), addressed to eligibility operations staff, introduced a new version of the application, and

advised, “You can continue to use the July 2020 version of the SACA-2 until January 31, 2021. When you receive a supply of the January 2021 version of the SACA-2, please recycle the July 2020 version. Although the July 2020 version will be accepted until January 31, 2021, it should **not** be distributed to the public once the new version has been received” (bolded in original).

Here, the appellant has submitted a version of the SACA-2 and supplement A from July, 2020. Strictly speaking, the MassHealth representative was not required to accept this version of the application after January, 2021. The relevant application date is May, 2021.

However, this is an issue of form over substance. Failing to submit an updated version of the SACA-2, in and of itself, is not a violation of MassHealth regulations, and if it were the sole basis for the denial, I would overturn the denial.

Instead, more relevant is the failure of the appellant and his spouse to submit reliable evidence of rental income received, and business expenses associated with upkeep of the real estate. There were no copies of leases, nor written statements of the tenants, corroborating the rent received. Instead, a “list” of rental payments was submitted for each unit. The appellant’s spouse apparently accepted cash payments of rent, with no paper trail.

Also, any corroboration of the costs of maintenance, cleaning, repairs, supplies, and utilities for the two rental units, in the form of invoices, receipts and/or canceled checks, has not been produced. Therefore, MassHealth cannot verify the amount of business expenses that may appropriately be deducted from gross rental income, as described at 130 CMR 520.009(D), above.

It appears that, except for the sources of deposits into one checking account of the appellant’s spouse, the appellant and his spouse have verified all assets. However, rental income and business expenses remained unverified.

In light of these circumstances, there was no error in either of the MassHealth denial decisions dated June 22, 2021 and September 14, 2021.

For these reasons, the appeal must be 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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Paul C. Moore  
Hearing Officer  
Board of Hearings

  
cc: Sylvia Tiar, Appeals Coordinator, Tewksbury MEC