

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2300058
<b>Decision Date:</b>	7/3/2023	<b>Hearing Date:</b>	03/23/2023
<b>Hearing Officer:</b>	Patricia Mullen	<b>Record Open to:</b>	06/14/2023

**Appearances for Appellant:**




**Appearance for MassHealth:**

Jenn Carroll, Taunton MEC



*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>	7/3/2023	<b>Hearing Date:</b>	03/23/2023
<b>MassHealth's Rep.:</b>	Jenn Carroll, Taunton MEC	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center (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 September 15, 2022, MassHealth denied the appellant's application for MassHealth Standard benefits for long term care residents because MassHealth determined that the appellant failed to submit requested verifications in a timely manner. (see 130 CMR 516.001 and Exhibit 1). The appellant's estate filed this appeal in a timely manner on January 4, 2023<sup>1</sup>, and the appeal was put on hold at the Board of Hearings (BOH) pending the appointment of a Personal Representative of the estate. (see 130 CMR 610.015(B) and Exhibits 2, 3, 4). Upon appointment of the Personal Representative of the estate by the Probate Court on February 2, 2023, the hearing

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<sup>1</sup> In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends;
  - All appeal hearings will be telephonic; and
  - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

was scheduled. (Exhibits 4, 6). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

## **Action Taken by MassHealth**

MassHealth denied the appellant's application for MassHealth Standard for long term care residents.

## **Issue**

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant failed to submit requested verifications within the required time frame.

## **Summary of Evidence**

The appellant's estate (hereinafter "the appellant") was represented telephonically at the hearing by the Personal Representative of the estate (hereinafter "the appellant's representative"), and by a Medicaid specialist. (Exhibit 2). MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Taunton. The MassHealth representative testified that the appellant submitted a MassHealth application for long term care residents on April 27, 2022 seeking an April 1, 2022 MassHealth start date. The MassHealth representative stated that MassHealth sent the appellant a Request for Information on August 9, 2022, seeking, among other things, the cash surrender value (CSV) and face value (FV) of a life insurance policy, and the value of real estate property in Florida, discovered through MassHealth's Asset Verification System. (Exhibit 7, p. 5). The MassHealth representative stated that the application was denied by notice dated September 15, 2022, because the appellant failed to submit requested verifications. (Exhibit 1). The MassHealth representative stated that as of the date of hearing the CSV and FV of the life insurance, and value of the real estate property, were still outstanding.

The MassHealth representative stated that MassHealth has the deed to the real estate property and discovered through a search for the tax assessment of the property that the property is assessed at \$229,603.00. The MassHealth representative stated that the appellant's name is the only name on the deed and there is no indication that there is a community spouse. The MassHealth representative stated that the appellant's representatives claim there is no value in the real estate property due to liens, however no documentation of such liens has been submitted to MassHealth. The MassHealth representative stated that MassHealth cannot lien out of state property and the real estate would be a countable asset in the amount of \$229,603.00, unless the appellant can submit documentation of liens on the property showing a reduced value.

The MassHealth representative stated that the appellant was admitted to the nursing facility on [REDACTED] 2021 and passed away on [REDACTED] 2022. Based on documentation from the nursing facility, the appellant was admitted to the nursing facility from [REDACTED] 2021 to [REDACTED] 2022, was hospitalized from [REDACTED] 2022 to [REDACTED] 2022, was readmitted from [REDACTED] 2022 to [REDACTED] 2022, was hospitalized from [REDACTED] 2022 to [REDACTED] 2022, and was readmitted to the nursing facility on [REDACTED] 2022, where he remained until his death. (Exhibit 5, p. 1).

The appellant's representative stated that she faxed a request for the CSV and FV to the life insurance company on March 14, 2023. (Exhibit 9, pp. 3, 4). The Medicaid specialist noted that the premiums for the life insurance were coming out of the appellant's bank account. The Medicaid specialist noted that she was not sure if the life insurance benefits had been cashed out yet and she believed the appellant's brother was his beneficiary. The Medicaid specialist noted that the CSV in August, 2022 was \$1,034.40 based on an automated phone contact at that time.

The Medicaid specialist stated that once the facility discovered the real estate property, it began conservatorship proceedings. The Medicaid specialist noted that the appellant passed away before a conservator was appointed. The Medicaid specialist noted that once the official paperwork from the Probate Court regarding the Personal Representative appointment is received, they would try to determine the lien holders and any equity left in the real estate property. The Medicaid specialist stated that she found bankruptcy records from 2009 showing liens on the property and knows of one mortgage that was in place in 2004. The appellant's representative stated that it does not appear that the property has been sold or transferred. The appellant's representative stated that nothing has been paid out from the appellant's estate.

The record was left open until April 24, 2023, to give the appellant's representative the opportunity to submit the CSV and FV of the life insurance policy, and documentation of reduced value of the Florida real estate property. (Exhibit 8).

By email dated April 14, 2023, the MassHealth representative informed the hearing officer that an attorney, who told her she was retained to represent the appellant's estate, contacted her and told her that the Florida real estate property is now owned by the appellant's spouse. (Exhibit 11). The MassHealth representative noted that the appellant indicated that he had no spouse on his MassHealth application and a new application with the spouse's financial information would be needed. (Exhibit 11).

By email dated April 14, 2023, the hearing officer asked the appellant's representative to submit the obituary for the appellant to BOH to determine the existence of a spouse. (Exhibit 11). The hearing officer also requested that authority for the attorney be submitted. (Exhibit 11). By email dated April 21, 2023, the hearing officer again requested that the appellant's representative submit a copy of the appellant's obituary. (Exhibit 11).

On April 21, 2023, an attorney submitted an updated appeal request signed by the Personal Representative of the estate, authorizing the attorney to represent the estate. (Exhibit 10, p. 5). The estate's attorney submitted a letter from the life insurance company dated April 12, 2023, which stated that a benefit check in the amount of \$20,131.51 was paid to the assignee, [REDACTED]. (Exhibit 10, p. 14). The letter stated further that, prior to the insured's death, the CSV was \$1,173.87. (Exhibit 10, p. 14). The estate's attorney also submitted a statement of goods and services for the appellant from a funeral home, in the amount of \$11,475.00, and a bill from the cemetery in the amount of \$6,725.00. (Exhibit 10, pp. 16-18). The estate's attorney submitted a copy of a quit-claim deed showing that the appellant transferred the real estate property in Florida to another individual for \$10.00, on April 7, 2022. (Exhibit 10, pp. 20, 21). The notary public to the signature noted that "the foregoing instrument was acknowledged before me on this 7<sup>th</sup> day of April, 2022 by [the appellant], a married man, who is personally known to me and did not take an oath." (Exhibit 10, p. 21). The property was transferred to a person with the same last name as the appellant. (Exhibit 10, p. 20). The notary public was from the state of [REDACTED] and it appears the transaction took place in [REDACTED]. (Exhibit 10, pp. 20, 21). The estate's attorney submitted the real estate property's assessment documentation showing the value was \$229,603.00 in 2022. (Exhibit 10, p. 24).

On April 21, 2023, the estate's attorney submitted a copy of the appellant's obituary which notes he was survived by "his loving wife", an individual with the same name as that of the person to whom the [REDACTED] real estate property was transferred on April 7, 2022. (Exhibit 12, p. 4, exhibit 10, p. 20).

By email dated April 21, 2023, the MassHealth representative noted that the appellant had been married and this information was not reported on the appellant's application. (Exhibit 13, p. 3). The MassHealth representative wrote that had the appellant's spouse been reported on the application, MassHealth would have asked for verification of her income and assets. (Exhibit 13, p. 3). The MassHealth representative stated that a new SACA (application) was needed with the spouse's information and verified income and assets. (Exhibit 13). The MassHealth representative also stated that the proceeds from the life insurance policy do not correspond to the goods and services bill from the funeral home, and MassHealth would need the bank statement to which the life insurance proceeds were deposited, a copy of the irrevocable funeral contract, and where the remainder of the life insurance proceeds went. (Exhibit 13, p. 3).

By email dated April 24, 2023, the hearing officer asked the appellant's representatives to explain why the appellant's spouse was not reported on the application. (Exhibit 13, p. 3). The estate's attorney responded that, at the time of application, the appellant's representative and the Medicaid specialist, were under the impression that the appellant was not married; the appellant's brother relayed to the Medicaid specialist that the appellant was not married; the Medicaid specialist was made aware that the appellant could possibly be married based on the search of the real estate after MassHealth's Request for Information dated August 9, 2022. (Exhibit 13, p. 1).

By email dated April 26, 2023, the hearing officer reopened the record and extended the record open period to May 30, 2023, to give the appellant's representatives the opportunity to submit a corrected application with the appellant's spouse's information completed; the irrevocable contract from the funeral home; the check to the funeral home from [REDACTED]; the check to the cemetery from [REDACTED]; and where the remaining proceeds from the life insurance payout were deposited. (Exhibit 14, p. 2).

On May 30, 2023, the estate's attorney submitted documentation including a new SACA, a payment summary from the funeral home dated May 5, 2023, and Payment Notification and Document Request dated November 22, 2022 from [REDACTED]. (Exhibits 16, 17). The payment summary from the funeral home states the appellant's contract total was \$19,300.00 and on November 22, 2022, a direct deposit payment in the amount of \$19,300.00 from [REDACTED] was applied to the contract, resulting in a \$0 balance due. (Exhibit 17, p. 37). The Payment Notification and Document Request from [REDACTED] noted that \$19,300.00 was paid out from the life insurance proceeds to the funeral home for the assignment of the appellant, and \$700.00 was listed as a beneficiary fee. (Exhibit 17, p. 38).

The appellant's representative did not submit the irrevocable funeral contract, nor information regarding the discrepancy between the goods and services amount from the funeral home, and the total paid out by [REDACTED]. The appellant's representative did not complete the spouse's information on the SACA. (Exhibit 17, pp. 4-35). The appellant's spouse's social security number was left blank and it was noted on the application that she had no income or assets. (Exhibit 17, pp. 4-35). The appellant's spouse's [REDACTED] address is listed as her primary residence, but it was also noted in Question 20, that she lives in [REDACTED] and in Question 24, it was noted that she rents her property. (Exhibit 17, pp. 15, 16).

By email dated June 2, 2023, the MassHealth representative reported that the appellant's spouse's demographics were still missing on the application, including her income and assets. (Exhibit 18, p. 1). The MassHealth representative noted that the irrevocable funeral contract and explanation of the difference between the \$11,475.00 listed as goods and services by the funeral and the \$21,000.00 paid out by the life insurance policy were also still outstanding. (Exhibit 18, p. 2).

The Hearing Officer extended the record open period to June 14, 2023. (Exhibit 18, p. 2).

On June 14, 2023, the estate's attorney submitted a letter stating that the appellant's spouse was not responsive to the request for information. (Exhibit 19, p. 10). The estate's attorney submitted another copy of the bill from the cemetery. (Exhibit 19, p. 12). The estate's attorney noted that there is no irrevocable funeral contract. (Exhibit 19, p. 10).

The estate's attorney was the attorney who assisted with the appointment of the Personal Representative of the estate. (Exhibit 4, p. 2). The docket sheet for the Personal Representative

petition notes that a Surviving Spouse, Children, Heirs at Law document was filed with the court on [REDACTED] 2022. (Exhibit 4, pp. 3, 5).

## Findings of Fact

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

1. The appellant submitted a MassHealth application for long term care residents on April 27, 2022 seeking an April 1, 2022 MassHealth start date.
2. MassHealth sent the appellant a Request for Information on August 9, 2022, seeking, among other things, the CSV and FV of a life insurance policy, and the value of real estate property in [REDACTED], discovered through MassHealth's Asset Verification System.
3. The application was denied by notice dated September 15, 2022, because the appellant failed to submit requested verifications.
4. As of the date of hearing the CSV and FV of the life insurance, and value of the real estate property, were still outstanding.
5. The appellant's representatives claimed there was little to no value in the real estate property due to liens.
6. The [REDACTED] real estate was valued at \$229,603.00 in 2022.
7. The appellant was admitted to the nursing facility from [REDACTED] 2021 to [REDACTED] 2022, was hospitalized from [REDACTED] 2022 to [REDACTED] 2022, was readmitted from [REDACTED] 2022 to [REDACTED] 2022, was hospitalized from [REDACTED] 2022 to [REDACTED] 2022, and was readmitted to the nursing facility on [REDACTED] 2022, where he remained until his death on [REDACTED] 2022.
8. The appellant's representative stated at the hearing that it did not appear that the [REDACTED] real estate property has been sold or transferred.
9. The record was left open until April 24, 2023, to give the appellant's representative the opportunity to submit the CSV and FV of the life insurance policy, and documentation of reduced value of the [REDACTED] real estate property.
10. By email dated April 14, 2023, the MassHealth representative informed the hearing officer that an attorney, who was retained to represent the appellant's estate, contacted her and told her that the [REDACTED] real estate property is now owned by the appellant's spouse.

11. The appellant indicated that he had no spouse on his MassHealth application.
12. By emails dated April 14, 2023 and April 21, 2023, the hearing officer asked the appellant's representative to submit the obituary for the appellant to BOH to determine the existence of a spouse.
13. On April 21, 2023, an attorney submitted an updated appeal request signed by the Personal Representative of the estate, authorizing the attorney to represent the estate.
14. The estate's attorney also handled the appointment of the Personal Representative of the estate.
15. A letter dated April 12, 2023, from the life insurance company, states that a benefit check in the amount of \$20,131.51 was paid to the assignee, [REDACTED].
16. Prior to the insured's death, the CSV of the life insurance policy was \$1,173.87.
17. A statement of goods and services for the appellant from a funeral home, lists the amount due as \$11,475.00, and the appellant had a bill from the cemetery in the amount of \$6,725.00.
18. A quit-claim deed shows that the appellant transferred the real estate property in [REDACTED] to another individual for \$10.00, on April 7, 2022.
19. The notary public to the signature noted that "the foregoing instrument was acknowledged before me on this 7<sup>th</sup> day of April, 2022 by [the appellant], a married man, who is personally known to me and did not take an oath."
20. The appellant's obituary notes he was survived by "his loving wife", an individual with the same name as that of the person to whom the [REDACTED] real estate property was transferred.
21. The Medicaid specialist was made aware that the appellant could possibly be married based on the search of the real estate after MassHealth's Request for Information dated August 9, 2022.
22. By email dated April 26, 2023, the hearing officer reopened the record and extended the record open period to May 30, 2023, to give the appellant's representatives the opportunity to submit a corrected application with the appellant's spouse's information completed; the irrevocable contract from the funeral home; the check to the funeral home from [REDACTED]; the check to the cemetery from [REDACTED]; and where the remaining proceeds from the life insurance payout were deposited.

23. On May 30, 2023, the estate's attorney submitted a new SACA, a payment summary from the funeral home dated May 5, 2023, and Payment Notification and Document Request dated November 22, 2022 from [REDACTED].
24. The payment summary from the funeral home states the appellant's contract total was \$19,300.00 and on November 22, 2022, a direct deposit payment in the amount of \$19,300.00 from [REDACTED] was applied to the contract, resulting in a \$0 balance due.
25. The Payment Notification and Document Request from [REDACTED] noted that \$19,300.00 was paid out from the life insurance proceeds to the funeral home for the assignment of the appellant, and \$700.00 was listed as a beneficiary fee.
26. The appellant's representative did not submit the irrevocable funeral contract, nor information regarding the discrepancy between the goods and services amount from the funeral home, and the total paid out by [REDACTED]
27. The appellant's representative did not complete the spouse's information on the SACA; the appellant's spouse's social security number was left blank and it was noted on the application that she had no income or assets.
28. The appellant's spouse's [REDACTED] address was listed as her primary residence, but it was noted in Question 20, that she lives in [REDACTED] and in Question 24 it was noted that she rents her property.
29. The Hearing Officer extended the record open period to June 14, 2023.
30. On June 14, 2023, the estate's attorney submitted a letter stating that the appellant's spouse was not responsive to the request for information; the estate's attorney noted that there is no irrevocable funeral contract.
31. The docket sheet for the Personal Representative petition notes that a Surviving Spouse, Children, Heirs at Law document was filed with the court on [REDACTED] 2022.

## Analysis and Conclusions of Law

Application for Benefits

(A) 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).

(2) Date of Application.

- (a) The date of application is the date the application is received by the MassHealth agency.
- (b) An application is considered complete as provided in 130 CMR 516.001(C).
- (c) If an applicant described in 130 CMR 519.002(A)(1) has been denied SSI in the 30-day period before the date of application for MassHealth, the date of application for MassHealth is the date the person applied for SSI.

(3) Paper Applications or In-person Applications at the MassHealth Enrollment Center (MEC) — Missing or Inconsistent Information.

- (a) If an application is received at a MassHealth Enrollment Center or MassHealth outreach site and the applicant did not answer all required questions on the Senior Application or if the Senior Application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.
- (b) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.
- (c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the notice, referenced in 130 CMR 516.001(A)(3)(b), the MassHealth agency will request any corroborative information necessary to determine eligibility, as provided in 130 CMR 516.001(B) and (C).
- (d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referenced in 130 CMR 516.001(A)(4)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response is received, provided that if the required response is submitted more than one year after the initial incomplete application, a new application must be completed.
- (e) Inconsistent answers are treated as unanswered.

(B) 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.

(C) 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.

(130 CMR 516.001).

#### Responsibilities of Applicants and Members

(A) 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.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

(130 CMR 515.008).

#### Residents of Medical Institutions...

##### (2) One Spouse Institutionalized.

(a) If only one spouse is a resident of a medical institution who is expected to remain in the facility for 30 days or more, the community spouse's income is not counted in the determination of eligibility for the institutionalized spouse. The institutionalized spouse may provide for the maintenance needs of the community spouse in accordance with 130 CMR 520.026(B).

(b) The countable assets of both spouses must be evaluated and a spousal share established in accordance with 130 CMR 520.016(B).

(130 CMR 520.002(B)(2)).

The hearing officer may not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the

acting entity representative reasonable time to respond to newly submitted evidence. The effective date of any adjustments to the appellant's eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted. (130 CMR 610.071(A)(2)).

As of the date of hearing, the appellant still had not submitted the CSV and FV of the life insurance policy, nor documentation to support the assertion that the value of the [REDACTED] real estate was reduced. During the extended record open period, the appellant submitted paperwork showing that the life insurance policy at issue was paid out after the appellant's death. The documentation was somewhat confusing in that a life insurance company letter, dated April 12, 2023, states that a benefit check in the amount of \$20,131.51 was paid to the assignee, [REDACTED], but the Payment Notification and Document Request from [REDACTED] states that \$19,300.00 was paid out from the life insurance proceeds to the funeral home for the assignment of the appellant, and \$700.00 was listed as a beneficiary fee. Although the difference between the two statements is only \$131.51, the statement of goods and services from the funeral home, lists the amount due as \$11,475.00. A bill from the cemetery in the amount of \$6,725.00 was also submitted, but is not part of the funeral home bill. There was no documentation to support that the appellant's funeral cost was \$19,300.00, nor was there documentation showing where the \$700.00 beneficiary fee went or the extra \$131.51 noted in the life insurance letter dated April 12, 2023. The issue on appeal was failure to submit verifications, and the requested verification, with regard to the CSV and FV of the life insurance policy, has been submitted. MassHealth cannot determine if the entire life insurance proceeds were spent on funeral expenses, and therefore not countable, but MassHealth could treat the life insurance proceeds as excess assets or a disqualifying transfer.

The verification issue that remains in dispute is the appellant's incomplete application. The appellant did not list his spouse in his April, 2022 MassHealth application. The appellant, or someone acting on his behalf, attested that the information on the application was accurate, however it was not. Further MassHealth discovered the appellant's [REDACTED] real estate as part of its Asset Verification System, thus it is assumed that the appellant did not list the property on his application. On April 7, 2022, 20 days prior to submitting the MassHealth application, the appellant transferred his Florida real estate property to his spouse. The appellant signed the deed and the notary public attested that the appellant appeared before the notary public to sign the deed. There was no indication that the appellant did not have the competency to engage in this transaction. The appellant did not disclose his spouse, his [REDACTED] real estate property, nor the transfer to his spouse on his application. Because the appellant was dishonest on his application, more questions than answers arose throughout the record open period.

The Medicaid specialist was on notice that the property was transferred and that there might be a spouse at the time of the MassHealth Information Request in August, 2022. The appellant's representative testified at the hearing that the real estate property had not been sold or transferred, but it appears that the Medicaid specialist knew it had been transferred. Further, the

Medicaid specialist argued to MassHealth that the value of the [REDACTED] real estate property was greatly diminished by liens. There is no documentation to support this assertion.

At the very least, once the appellant died in [REDACTED] 2022, the spouse should have been known to the representatives, yet this fact was never disclosed to MassHealth. The Personal Representative petition notes that a Surviving Spouse, Children, Heirs at Law document was filed with the court on [REDACTED] 2022.

Even after an extended record open allowing for the appellant's representative and the estate's attorney to submit a new, correct application, the appellant's spouse's information, including Social Security number, income and assets, were not reported on the application. Without the spouse's Social Security number, MassHealth cannot conduct a search of her assets. Based on the facts in this case, starting with the appellant's failure to report a spouse and the [REDACTED] real estate property on his application, transferring real estate property shortly before applying for MassHealth, the unsupported argument that the [REDACTED] real estate was reduced by debt, and the continued failure to disclose any of the spouse's information, I determine that the appellant hoped to keep his spouse's assets hidden in an attempt to qualify for MassHealth. To date, the appellant still has not completed an accurate, complete MassHealth application.

MassHealth's action in denying the appellant's application for failure to submit requested verifications in a timely manner is upheld and 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.

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Patricia Mullen  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center

[REDACTED]

[REDACTED]

[REDACTED]