

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2311469
<b>Decision Date:</b>	2/12/2024	<b>Hearing Date:</b>	12/11/2023
<b>Hearing Officer:</b>	Casey Groff, Esq.	<b>Record Closed:</b>	1/31/2024

**Appearance for Appellant:**



**Appearance for MassHealth:**

Yadira Rodriguez, Springfield 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>	Eligibility; LTC; Verifications
<b>Decision Date:</b>	2/12/2024	<b>Hearing Date:</b>	12/11/2023
<b>MassHealth's Rep.:</b>	Yadira Rodriguez	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Board of Hearings (Remote)	<b>Aid Pending:</b>	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 9/18/23, MassHealth denied Appellant's application for MassHealth long-term care (LTC) benefits on the basis that Appellant failed to provide necessary verifications to determine eligibility by the required deadline. See Exhibit 1 and 130 CMR 515.008. Appellant filed a timely appeal of the notice on 11/14/23. See 130 CMR 610.015(B) and Exhibit 1. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth LTC benefits on the basis that she failed to submit necessary verifications to determine eligibility by the required deadline.

### Issue

The appeal issue is whether MassHealth correctly denied Appellant's application for LTC benefits on the basis that she failed to submit necessary verifications within the designated time frame.

### Summary of Evidence

A MassHealth eligibility representative appeared at hearing by telephone. Through testimony and documentary submissions, MassHealth presented the following evidence: On 05/31/2023, MassHealth received an application on behalf of Appellant, seeking coverage for long-term care (LTC) benefits with a requested start date of 05/30/2023. At the time of application, Appellant was over the age of 65 and a resident of a nursing facility. On 6/13/23 MassHealth issued a request for information (RFI) which listed items it needed to determine her eligibility; and informed her that she must provide the documents by 9/11/23. See Exh. 4, Attm. A. Specifically, the RFI list included requests to verify available income sources, bank account statements with documentation showing of the source of deposits and withdrawals exceeding \$1,000; verification of other health insurance, and other items to determine Appellant's financial eligibility for benefits.<sup>1</sup>

On 9/18/23, MassHealth notified Appellant that her LTC application was denied for failing to provide all necessary verifications by the required deadline. See Exh. 1. The denial notice detailed the following requests that remained outstanding:

- Verification of Pacific Life deposits;
- Verification of enrollment in AARP, and premium amount, if any;
- Verification of unidentified insurance deduction from pension;
- Statements for three bank accounts 1/1/22 through present, or, if closed 5/2018 through closing; with verifications of transactions (deposits or withdrawals) of \$1,000 or more; and
- Screening Letter from Nursing Facility

See id.

The MassHealth representative testified that as of the hearing date all items listed in the 9/18/23 notice remained outstanding. The representative explained that statements provided thus far, showed Appellant was receiving a monthly deposit from Pacific Life. To determine eligibility, MassHealth needed documentation from Pacific Life to explain the type/source of deposit, and, if income, verification of the gross amount. Additionally, MassHealth needed complete statements for Appellant's account listed in the denial notice. See Exh. 1. Regarding AARP, MassHealth explained that it needed proof of Appellant's premium, or, if she was no longer enrolled, to submit a not to indicate that she was not paying a premium.

Appellant's representative appeared at hearing and testified that Appellant was discharged from the facility on [REDACTED]; however, was still looking for MassHealth to cover a portion of her stay. The representative testified that she was actively working with Appellant to obtain the

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<sup>1</sup> MassHealth also sent updated RFI's to Appellant on 6/21/23 and 9/21/23, detailing items that had already been sent that needed additional verification/explanation, such as the source of identified deposits in Appellant's bank account. See Exh. 4, Attm. B and C.

remaining items and that they would need additional time. Appellant's representative indicated she was looking into the pension deduction and whether this could be a billable co-insurance. She testified that Appellant did not have the needed information to verify the Pacific Life deposits, but believed it to be an inheritance from either her mother or father, both of whom were deceased.

At Appellant's request, the record was left open for Appellant to provide the remaining verifications. See Exh. 5. During the record open period, Appellant, through her representative, provided a closing statement for one of the listed accounts which MassHealth accepted as completed verification for that account. See Exhs. 6 and 7. In a later email, Appellant's representative described that Pacific Life would not release information on the deposit source without the deceased parent's social security number, which Appellant did not have and was trying to obtain. Additionally, Appellant's update indicated she was still awaiting complete responses from banks at issue, and that Appellant and her enlisted additional help from Advocacy for Access to assist in obtaining this information. Id. At Appellant's request, the record was extended to give her until 1/26/24 to produce the outstanding information. See Exh. 7 and Exh. 8.

On 1/29/24, MassHealth responded that it had not received all requested verifications by Appellant's deadline of 1/26/24. See Exh. 8.

Following the 1/26/24 deadline, Appellant's representative provided a final response, via email, indicating that Appellant (and her significant other) expressed to her and the Advocacy for Access worker that she was no longer willing to participate in the application process. Id. Appellant told her representative that she was "done with this process, that it has been too much for them and [she does not have] and never received anything on the Pacific Life." See Exh. 8, p. 2. Appellant's representative reported that she had "exhausted everything [she could] do to assist [Appellant] with her application on the remaining verifications." See Exh. 9. On this basis, Appellant did not seek a further extension of the record-open period. Id.

On 1/31/24, MassHealth confirmed that among the verifications that were still outstanding were the Pacific Life deposits, completed statements for two bank accounts, and verification of the AARP premium. See id. at 1

## Findings of Fact

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

1. On 05/31/2023, MassHealth received an application on behalf of Appellant, seeking coverage for LTC benefits.
2. At the time of application, Appellant was over the age of 65 and a nursing facility resident.
3. On 6/13/23 MassHealth sent Appellant a RFI, which listed the documentation that she needed to produce by 9/11/23 for MassHealth to determine her eligibility.
4. On 9/18/23, MassHealth denied Appellant's application for LTC benefits because it did not receive all requested verifications by the deadline, which included the following outstanding items:
  - a. Verification of Pacific Life deposits;
  - b. Verification of enrollment in AARP, and premium amount, if any;
  - c. Verification of unidentified insurance deduction from pension;
  - d. Statements for three bank accounts 1/1/22 through present, or, if closed 5/2018 through closing; with verifications of transactions (deposits or withdrawals) of \$1,000 or more; and
  - e. Screening Letter from Nursing Facility
5. As of the hearing date on 12/11/23, MassHealth still had not received documentation of the items listed in the 9/18/23 notice.
6. Appellant was granted additional time post-hearing to submit the outstanding verifications and, through this process, was given a final deadline of 1/26/24.
7. MassHealth did not receive all missing verifications by Appellant's 1/26/24 deadline including verification of Pacific Life, AARP, and completed bank statements for two of Appellant's accounts.
8. Appellant did not seek further extension of the 1/26/24 deadline.

## **Analysis and Conclusions of Law**

This appeal concerns whether MassHealth correctly denied Appellant's application for MassHealth long-term care (LTC) benefits on the basis that she failed to submit necessary

verifications to establish eligibility within the required timeframe. Once an application is received, MassHealth requests all corroborative information necessary to determine the individual's eligibility, including information relating to income, assets, residency, citizenship, immigration status, and identity. See 130 CMR 516.001; see also 130 CMR 516.003 (listing eligibility factors that require verification). MassHealth outlines the verification process, in relevant part, as follows:

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications.

***(2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.***

(3) A new application is required if a reapplication is not received within 30 days of the date of denial.

See 130 CMR 516.003 (emphasis added).

To qualify for MassHealth LTC benefits, applicants must verify that their assets do not exceed \$2,000, *and* that they have not made any disqualifying transfers or resources within the five-year look back period.<sup>2</sup> See 130 CMR 520.006(A), 130 CMR §§ 520.018, 520.019. It is the responsibility of the applicant or member to “cooperate with MassHealth in providing information necessary to establish eligibility... and to comply with all the rules and regulations of MassHealth.” See 130 CMR 515.008.

In the present case, Appellant applied for MassHealth LTC benefits on 05/31/2023. Pursuant to the verification process outlined above, MassHealth issued a request for information (RFI) on 06/13/23, listing documentation that Appellant needed to produce by 09/11/2023, for MassHealth needed to determine her eligibility. See Exh. 4(A)-(C). As of the 9/11/23 deadline, MassHealth had not received all requested verifications. In accordance with 130 CMR 516.003(D)(2), above, MassHealth appropriately denied Appellant's application on 9/18/23 on the basis that she “did not give MassHealth the information it need[ed] to decide [her] eligibility within the required timeframe. 130 CMR 515.008.” See Exh. 1.

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<sup>2</sup> Under MassHealth's financial eligibility regulations, an applicant who is “otherwise eligible” may incur a period of disqualification if their asset history reveals that they (or their spouse) transferred resources for less than fair market value. See 130 CMR §§ 520.018, 520.019.

At the hearing on 12/11/2023, MassHealth testified that a number of requested verifications remained outstanding, including verification of monthly Pacific Life deposits; documentation of her AARP enrollment/premium; verification of the unspecified deduction from her pension; bank statements from three of Appellant's accounts with proof of transactions exceeding \$1,000; and a screening from the nursing facility. At Appellant's request, the record was left open at the conclusion of the hearing to allow additional time to produce this documentation. See Exh. 5. During the record-open period, Appellant's representative provided updates on her efforts to assist Appellant in this process and indicated that she would need additional time to obtain the remaining verifications. See Exh. 6. At her request, Appellant was granted an extension giving her an updated submission deadline of 1/26/24. See Exh. 7. Through two emails sent on 1/29/24 and 1/31/24, respectively, the MassHealth representative reported that she had not received any new documentation from Appellant and that still outstanding were verifications for Pacific Life, AARP, and statements for two of Appellant's accounts. See Exh. 8 and 9. In response, Appellant's representative stated that Appellant had refused further participation in the application/verification process, and that she would not seek another extension. See id. Absent documentation to verify all asset sources, amounts, and/or resources transfers, MassHealth was unable to make an informed determination on Appellant's eligibility for LTC benefits. Based on the foregoing, MassHealth did not err in denying Appellant's application pursuant to its 9/18/23 notice.

This 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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Casey Groff, Esq.  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186

Appellant Representative:

[REDACTED]