

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2416458
Decision Date:	1/29/2025	Hearing Date:	11/22/2024
Hearing Officer:	Scott Bernard	Record Open to:	01/20/2025

Appearances for Appellant:




Appearance for MassHealth:

Jenny Chan (Quincy MEC) *via* 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

Appeal Decision:	Approved	Issue:	Long Term Care/Verifications
Decision Date:	1/29/2025	Hearing Date:	11/22/2024
MassHealth's Rep.:	Jenny Chan	Appellant's Reps.:	
Hearing Location:	Quincy Harbor South	Aid Pending:	N/A

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 26, 2024, MassHealth denied the appellant's application for MassHealth Long Term Care (LTC) benefits because it determined that the appellant failed to submit requested verifications within the required time frame. (See 130 CMR 516.001 and Exhibit (Ex.) 1). The appellant submitted this appeal in a timely manner to the Board of Hearings on October 24, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the conclusion of the hearing, the record was left open until December 23, 2024, later extended to January 6, 2025, and later extended to January 20, 2025, for the appellant's representative and son to submit further verifications and for the MassHealth representative to review those verifications, after which time the record closed. (Exs. 6, 8-11).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth LTC benefits.

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.

Summary of Evidence

The hearing was attended telephonically by an eligibility worker from the Quincy MassHealth Enrollment Center (MEC), a representative of the nursing facility working on the appellant's behalf as an authorized representative (the appellant's representative), and the appellant's son.

The MassHealth representative testified to the following. The appellant is a single individual over the age of 65 years old who applied for MassHealth Standard Long Term Care coverage on June 7, 2024 requesting a start date of June 1, 2024. (Testimony; Ex. 4, pp. 1, 2). MassHealth denied the appellant's application for LTC services on September 26, 2024, because she failed to submit requested verifications. (Testimony; Ex. 1; Ex. 4, pp. 3-5). Because the appellant submitted some (though not all) of the requested verifications, MassHealth reactivated the appellant's application on October 25, 2024, and sent a new request for information with a deadline of November 24, 2024. (Testimony; Ex. 4, pp. 8-11).

Prior to the hearing, the appellant's representative and son had submitted to the Board of Hearings a copy of a July 15, 2019 check from [REDACTED] and statements from [REDACTED] which the hearing officer forwarded to the MassHealth representative. (Ex. 5). The MassHealth representative stated that she reviewed these documents that morning, but pointed out that several other items were still incomplete or missing. The MassHealth representative listed the missing verifications as follows: a withdrawal of \$5,706.04 from a [REDACTED] account on August 29, 2023; a withdrawal from a [REDACTED] account on May 21, 2024, for \$12,200, and a withdrawal from the same account on September 3, 2024, for \$1,500, both needing receipts to clarify the payments' purposes; and an unreported [REDACTED] account, for which MassHealth required six months of statements and records of transactions over \$1,500. Additionally, MassHealth needed the deed, tax bills, and property valuation for an unreported timeshare payment through a [REDACTED] account. (Testimony).

The appellant's representative confirmed he could gather the missing documents within three weeks and requested a subpoena for the [REDACTED] records. (Testimony). The appellant's son explained that he had trouble obtaining information from [REDACTED] due to the death of his father and lack of an estate representative. (Testimony). The appellant's son stated that the [REDACTED] account concerned a Certificate of Deposit (CD). (Testimony). The maturity date for the CD was July 15, 2019. (Testimony). The appellant's son stated that any statement concerning the CD would only show the interest gained on the maturity between the date of deposit and the maturity. (Testimony). The appellant's son stated that the check submitted prior to the hearing showed the value of the account upon its maturity and also showed the CD was closed. (Testimony; Ex. 5, p. 1). The appellant's representative and son also clarified that they had already sent some of the requested [REDACTED] information to MassHealth and would resend it if necessary. (Testimony).

The hearing officer set a deadline of December 23, 2024, to submit the following:

1. [REDACTED] Account: MassHealth needs an explanation of the \$5,708.04 withdrawal on August 29, 2023;
2. [REDACTED] – MassHealth needs an explanation of the \$12,200 withdrawal on May 21, 2024, and the withdrawal of \$1,500 on September 3, 2024. If either or both payments were for private pay, submit private pay statement(s) and date(s).
3. [REDACTED] Account– MassHealth's Asset Verification System identified this account. The appellant did submit evidence that the account has been closed and the funds deposited into the [REDACTED] Account but MassHealth needs a closure letter from the bank, along with the last six months of bank statements prior to the closure date. The appellant's representative and son report difficulty obtaining the necessary verifications since this was a CD account, but requested that the Board of Hearings issue a Subpoena, which will be mailed to [the appellant's representative] for service upon the bank.
4. Unreported time share property: A payment was reported in the statement from the [REDACTED] Account. MassHealth did receive some documents concerning this but they were too light to read. The appellant should submit deeds, tax bills, and valuations for the property. (Ex. 6).

MassHealth was given two further weeks to review the submissions. (Id.). The hearing officer also agreed to issue the subpoena. (Ex. 7). On November 25, 2024, the hearing officer emailed the parties the record open form, as well as a copy of the subpoena and cover letter which were also mailed to the appellant's representative for service upon [REDACTED] (Ex. 8 p. 1; Ex. 7; Ex. 6).

On December 23, 2024, the appellant's son submitted several documents, including transaction histories from [REDACTED] and [REDACTED] as well as a closeout check from a [REDACTED] CD that had been transferred to [REDACTED] (Ex. 8, pp. 3-5; Ex. 9). On December 24, 2024, the appellant's representative requested a two-week extension to submit the remaining documents, particularly due to difficulties in obtaining responses from [REDACTED] (Ex. 8, p. 8). In response, the hearing officer granted an extension, pushing the new submission deadline for the appellant to January 6, 2025. (Ex. 8, p. 15).

On January 6, 2025, the appellant's son provided additional timeshare property information, including a valuation report from [REDACTED] as the timeshare management company did not provide individual property valuations. (Ex. 8, pp. 12, 17; Ex. 11). By January 8, 2025, the timeshare documents had been verified, but the required verification for the [REDACTED] account was still outstanding. (Ex. 8, p. 18). On January 14, 2025, the MassHealth representative confirmed that she had received no further information and confirmed with the hearing officer that no additional extensions had been requested beyond January 6, 2025. (Ex. 8, p. 19). The MassHealth

representative wrote that MassHealth's decision remained a denial, based on incomplete financial verifications, with the [REDACTED] documents still missing. (Ex. 8, p. 19).

Findings of Fact

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

1. The appellant is a single individual over the age of 65 years old who applied for LTC coverage on June 7, 2024 requesting a start date of June 1, 2024. (Testimony; Ex. 4, pp. 1, 2).
2. MassHealth denied the appellant's application for LTC services on September 26, 2024, because the appellant failed to submit requested verifications. (Testimony; Ex. 1; Ex. 4, pp. 3-5).
3. Because the appellant submitted some (though not all) of the requested verifications, MassHealth reactivated the appellant's application on October 25, 2024, and sent a new request for information with a deadline of November 24, 2024. (Testimony; Ex. 4, pp. 8-11).
4. Prior to the hearing, the appellant's representative and son submitted to the Board of Hearings a copy of a July 15, 2019 check from [REDACTED] and statements from [REDACTED] which the hearing officer forwarded to the MassHealth representative. (Ex. 5).
5. The appellant's representative requested the record remain open in order to submit the following:
 - [REDACTED] Account: MassHealth needs an explanation of the \$5,708.04 withdrawal on August 29, 2023;
 - [REDACTED] – MassHealth needs an explanation of the \$12,200 withdrawal on May 21, 2024 and the withdrawal of \$1,500 on September 3, 2024. If either or both payments were for private pay, submit private pay statement(s) and date(s).
 - [REDACTED] – MassHealth's Asset Verification System identified this account. The appellant did submit evidence that the account has been closed and the funds deposited into the [REDACTED] Account but MassHealth needs a closure letter from the bank, along with the last six months of bank statements prior to the closure date. The appellant's representative and son report difficulty obtaining the necessary verifications since this was a Certificate of Deposit account but requested that the Board of Hearings issue a Subpoena, which will be mailed to [the appellant's representative] for service upon the

bank.

- Unreported time share property: A payment was reported in the statement from the [REDACTED] Bank Account. MassHealth did receive some documents concerning this but they were too light to read. The appellant should submit deeds, tax bills, and valuations for the property. (Ex. 6).
6. The appellant's representative and son requested that the hearing officer issue a subpoena for the [REDACTED] records, which was to be served by the appellant's representative and son. (Testimony; Ex. 7).
 7. During the course of the record open, the appellant's representative and son submitted all the requested verifications with the exception of the specific [REDACTED] verification requested. (Ex. 8).
 8. The appellant's son had testified that the [REDACTED] account was for a CD with a maturity date of July 15, 2019, and that any statement related to the CD would only reflect the interest gained up until maturity, with the submitted check showing the account's value at maturity and confirming the CD's closure (Testimony; Ex. 5, p. 1).

Analysis and Conclusions of Law

A MassHealth applicant is required to cooperate in providing information necessary to establish eligibility and must comply with all MassHealth rules and regulations, including those related to recovery and obtaining or maintaining other health insurance. (130 CMR 515.008(A)). To apply for MassHealth long-term care services in a nursing facility, the individual or their authorized representative must submit a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC). (130 CMR 516.001(A)(1)(b)). Upon receiving the application, MassHealth will request any necessary corroborative information to assess eligibility, which will be communicated through written notification shortly after the application is received. (130 CMR 516.001(B); 516.003(C)). The notice will specify a due date for submitting the requested information and outline the consequences of non-compliance. (130 CMR 516.001(B)(2); 516.003(D)). If the requested information is submitted within 30 days, the application is deemed complete, and MassHealth will determine the most comprehensive coverage type for which the applicant qualifies. (130 CMR 516.001(C)). Failure to provide the requested information within this timeframe may result in denial of benefits. (Id.).

With the exception of citizenship and immigration status verifications, MassHealth allows self-attestation for all other eligibility criteria on a case-by-case basis when documentation is unavailable or difficult to obtain. (130 CMR 516.003(G)). Although this flexibility applies particularly to individuals who are homeless, have experienced domestic violence, or have been affected by a natural disaster, it is not limited to those classes of people. (Id.).

The hearing officer may not exclude evidence solely because it was not previously submitted to the acting entity, provided the acting entity representative is given reasonable time to respond to any new evidence. Any adjustments to the appellant's eligibility status will take effect on the date when all eligibility conditions were met, regardless of when supporting evidence is submitted. (130 CMR 610.071(A)(2)).

The appellant applied for MassHealth Standard LTC benefits on June 7, 2024. After the application, MassHealth requested additional information, and the application was denied on September 26, 2024, due to the appellant's failure to verify all requested information within the required timeframe. The September 26, 2024 denial notice was timely appealed. The MassHealth representative confirmed that, after the denial, the appellant submitted some (though not all) of the requested verifications, prompting the reactivation of the appellant's application on October 25, 2024. Prior to the hearing, and during the record open period that closed on January 20, 2025, the appellant's representative and son submitted all but one of the remaining verifications.

The only outstanding verification is a closure letter from [REDACTED] along with the last six months of bank statements prior to the account's closure date. At the hearing, the appellant's son testified that the account in question was a CD that matured on July 15, 2019. Prior to the hearing, the appellant's representative and son submitted a copy of a [REDACTED] check dated July 15, 2019, which represented the account's value at maturity. MassHealth accepted that the account in question was the CD and that the check had been submitted into one of the appellant's other bank accounts, which MassHealth confirmed was verified.

The appellant's representative and son testified that they had encountered difficulties obtaining the requested information from [REDACTED] and requested the hearing officer issue a subpoena. During the record open period, [REDACTED] did not provide the requested documentation. The appellant's son testified that the requested six months of bank statements would have only reflected monthly interest accretion and show that the account closed with the final account value represented by the 2019 check.

Given these circumstances, it appears that the appellant's representative and son made sufficient efforts to comply with MassHealth's verification requirements, but faced obstacles beyond their control. The regulations allow for self-attestation and provide flexibility in documentation, particularly for individuals facing challenges in providing complete records. Based on the testimony and the documents submitted to MassHealth before and during the record open period, it appears that MassHealth has sufficient information to verify the essential details concerning the [REDACTED] account and to allow the application to proceed. Because the appellant timely appealed the denial of the June 7, 2024 application, such application date is preserved.

For the above reasons, the appeal is APPROVED.

Order for MassHealth

Rescind the notice dated September 26, 2024, and reopen and process the appellant's MassHealth application dated June 7, 2024.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

[REDACTED]

[REDACTED]

Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171