

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2417259
<b>Decision Date:</b>	1/22/2025	<b>Hearing Date:</b>	12/11/2024
<b>Hearing Officer:</b>	Thomas J. Goode	<b>Record Open to:</b>	1/17/2025

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Kathy Boileau, Tewksbury 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>	1/22/2025	<b>Hearing Date:</b>	12/11/2024
<b>MassHealth's Rep.:</b>	Kathy Boileau	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	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 November 4, 2024, MassHealth denied Appellant's application for MassHealth long-term care benefits for failure to verify eligibility (130 CMR 516.001 and Exhibit 1). Appellant filed this appeal in a timely manner on November 12, 2024 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is a valid ground for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied Appellant's application for long-term care benefits for failure to verify eligibility.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in denying Appellant's application for long-term care benefits for failing to verify eligibility.

### Summary of Evidence

The MassHealth representative testified that a conversion application for long-term care benefits was submitted to MassHealth on August 28, 2024 seeking coverage retroactive to June 9, 2024. Appellant does not have a spouse in the community. Appellant was admitted to the nursing facility on [REDACTED] and was covered by MassHealth CarePlus for 100 days through [REDACTED]. On September 25, 2024, MassHealth issued a request for verifications. On October 2, 2024, MassHealth issued a revised request for verifications. On November 4, 2024, MassHealth issued a denial notice for failure to submit requested verifications. (Exhibit 1). The MassHealth representative testified that the following items remain outstanding: statements for 3 bank accounts, including documentation of withdrawals over \$1,500, in addition to documentation verifying ownership of \$112,581.16 transferred to Appellant's son.

In his written request for a hearing, Appellant appointed two representatives from the nursing facility who appeared telephonically to represent him at the hearing (Exhibit 2). Appellant also appeared at the hearing and testified that he did not want the nursing facility representatives to appear on his behalf, and did not intend to appoint them as appeal representatives. The nursing facility representatives were therefore dismissed from the hearing. The outstanding verifications were discussed at hearing, and Appellant testified that he would submit all outstanding documentation during a hearing record open period. The hearing record remained open for a period of 30 days until January 10, 2024. The hearing record open form listed all outstanding verifications and was mailed to Appellant's home at his request as he does not use email (Exhibit 5).

On January 16, 2024, MassHealth responded that Appellant did not submit any outstanding documentation to MassHealth. The nursing facility sent to MassHealth an SC-1 form showing that Appellant was discharged to his home on [REDACTED]. No documentation from Appellant was received at the Board of Hearings.

## Findings of Fact

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

1. A conversion application for long-term care benefits was submitted to MassHealth on August 28, 2024 seeking coverage retroactive to June 9, 2024.
2. Appellant does not have a spouse in the community.
3. Appellant was admitted to the nursing facility on [REDACTED] with MassHealth CarePlus coverage, which paid for 100 days through [REDACTED].
4. On September 25, 2024, MassHealth issued a request for verifications.

5. On October 2, 2024, MassHealth issued a revised request for verifications.
6. On November 4, 2024, MassHealth issued a denial notice for failure to submit requested verifications.
7. The following items remain outstanding: statements for 3 bank accounts, including documentation of withdrawals over \$1,500, in addition to documentation verifying ownership of \$112,581.16 transferred to Appellant's son.
8. The outstanding verifications were discussed at hearing, and Appellant testified that he would submit all outstanding documentation during a hearing record open period.
9. The hearing record remained open for a period of 30 days until January 10, 2024 to allow Appellant to submit documentation. The hearing record open form listed all outstanding verifications and was mailed to Appellant's home at his request.
10. Appellant did not submit any of the outstanding documentation to MassHealth.
11. Appellant was discharged to his home on [REDACTED]
12. No documentation from Appellant was received at the Board of Hearings.

## Analysis and Conclusions of Law

The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: *MassHealth: Universal Eligibility Requirements*, 130 CMR 518.000: *MassHealth: Citizenship and Immigration*, and 130 CMR 520.000: *MassHealth: Financial Eligibility* (130 CMR 516.003). Regulation 130 CMR 516.001(B) provides that MassHealth may request additional information or documentation, if necessary, to determine eligibility. The request is generally sent to the applicant within 5 days of receipt of the application and provides 30 days to return the needed documents. If the verifications are not submitted within 30 days of the date of the request, MassHealth benefits may be denied (130 CMR 516.001(C)). Thereafter, if one or more of the documents are submitted within 30 days of the denial, the date of receipt shall be the reapplication date (130 CMR 516.002). An 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 (130 CMR 515.008(A)). The right to appeal a MassHealth determination of eligibility applies only to an applicant or member or nursing facility resident, not to a nursing facility seeking payment.<sup>1</sup>

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<sup>1</sup> See 130 CMR 610.001(A) *MassHealth Determinations*. (1) 130 CMR 610.000 sets out the process for requesting and participating in a fair hearing that allows **dissatisfied applicants, members, or nursing facility residents** to

A conversion application for long-term care benefits was submitted to MassHealth on August 28, 2024 seeking coverage retroactive to June 9, 2024. Appellant does not have a spouse in the community. Appellant was admitted to the nursing facility on [REDACTED] with MassHealth CarePlus coverage, which paid for 100 days through [REDACTED]. On September 25, 2024, MassHealth issued a request for verifications. On October 2, 2024, MassHealth issued a revised request for verifications. On November 4, 2024, MassHealth issued a denial notice for failure to submit verification of eligibility (Exhibit 1). The MassHealth representative testified that the following items remain outstanding: statements for 3 bank accounts, including documentation of withdrawals over \$1,500, in addition to documentation verifying ownership of \$112,581.16 transferred to Appellant's son. Despite 30 additional days to do so during a record-open period, Appellant has not provided to MassHealth verification of assets, resource transfers, and other eligibility factors. Regulation 130 CMR 516.003(G) allows verification exceptions for special circumstances: "(e)xcept with respect to the verifications of citizenships and immigration status, the MassHealth agency will permit, on a case-by-case basis, self-attestation of individuals for all eligibility criteria when documentation does not exist at the time of application or renewal, or is not reasonably available, such as in the case of individuals who are homeless or have experienced domestic violence or a natural disaster." An exception for special circumstances does not apply to the facts at hand. Therefore, 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

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have administrative review of certain actions or inactions on the part of the MassHealth agency and of determinations by a MassHealth managed care contractor.

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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957