

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418070
Decision Date:	3/10/2025	Hearing Date:	12/24/2024
Hearing Officer:	Radha Tilva	Record Open to:	03/03/2025

Appearances for Appellant:




Appearance for MassHealth:

Jamie Lapa (Springfield MEC Rep.)



*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:	Denied	Issue:	LTC - verifications
Decision Date:	3/10/2025	Hearing Date:	12/24/2024
MassHealth's Rep.:	Jamie Lapa	Appellant's Reps.:	
Hearing Location:	Telephonic	Aid Pending:	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 September 24, 2024, MassHealth denied the appellant MassHealth benefits because appellant did not provide MassHealth the information it needs to determine eligibility within the required time frame (Exhibit 1). The appellant filed this appeal in a timely manner on November 22, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Following the hearing, the record was left open for appellant to submit the missing documentation. The hearing officer closed the administrative record on March 3, 2025.

Action Taken by MassHealth

MassHealth determined that appellant is not eligible for MassHealth benefits because appellant did not provide the information it needs to determine eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant is ineligible for MassHealth long-term care benefits for failure to verify.

Summary of Evidence

The MassHealth representative appeared by telephone and testified that appellant applied for MassHealth long-term care benefits on June 5, 2024. The appellant is under the age of [REDACTED] and entered the nursing facility on [REDACTED] (Exhibit 5). The nursing facility and the appellant are seeking an eligibility start date of May 13, 2024 (*Id.*). MassHealth sent a request for information on June 20, 2024 (MassHealth testimony). On July 9, 2024, MassHealth sent a second request for information, which was due back to MassHealth by September 18, 2024 (Exhibit 5, pp. 5-7). As the verifications were not received, the application was denied on September 24, 2024 for missing verifications (Exhibit 1). Appellant appealed that notice to the Board of Hearings on November 22, 2024 (Exhibit 2). MassHealth received some items and issued another updated request for verifications on November 25, 2024 (Exhibit 5, pp. 13-15).

At hearing, the items still outstanding included 1) [REDACTED] statements from January 1, 2023 to present with all sources of deposits, owner's name and copies of cleared checks; 2) [REDACTED] statements from January 1, 2023 through present with all sources of deposits, owner's name, and copies of cleared checks; 3) signed and dated agreement to sell [REDACTED] property, and proof that the property is listed at fair market value; 4) completed disability supplement (see Exhibit 5, p. 1).

The appellant's appeal representative also appeared by telephone and testified that appellant was discharged from the facility on [REDACTED]. The representative testified that she has the signed agreement to sell the [REDACTED] property, and was working on getting the bank statements. The record was left open for appellant to submit the documentation. On January 2, 2025, the appeal representative stated that she faxed the bank statements and sent the signed Agreement to Sell Property to MassHealth. On January 6, 2025 the MassHealth caseworker reviewed the documentation and provided an updated list of missing verifications from appellant's bank accounts (Exhibit 7, p. 13). There were both sources of deposits into appellant's accounts that needed to be verified, along with transfers out of both accounts. MassHealth needed to know the source of two deposits into the [REDACTED] account dated May 1, 2023 and February 22, 2024, respectively, in the amounts of \$3,565.00 and \$8,738.00 (*Id.*). In addition, there were a number of transfers that MassHealth was seeking additional information on in that account which were listed in the correspondence from MassHealth to the hearing officer and appellant's representative (Exhibit 7, p. 13). Specifically, MassHealth requested proof of the owner of account [REDACTED] as there was a transfer into that account from appellant's [REDACTED] account (Exhibit 7, p. 13). For the [REDACTED] account, there were 2 deposits into the account that MassHealth needed the source of (\$1,359 on March 31, 2023, and \$7,127 on April 25, 2023), plus a withdrawal from the account of \$5,500.00, which occurred on May 1, 2023 that MassHealth needed information on (*Id.*).

Appellant asked for an extension to get some of this information, which the hearing officer granted.

On January 20, 2025, the appeal representative stated that she sent information regarding the checking account into which the appellant transferred money to that MassHealth was inquiring about (Exhibit 6). The MassHealth caseworker stated, on January 30, 2025, that the document was not something that she could accept as it looked like a screenshot of a text message, and did not accurately verify the owner of the account (Exhibit 7, p. 7). The hearing officer granted an additional extension to allow for the submission of more information from the appeal representative regarding the bank account.

The appeal representative submitted a copy of a wire transfer document from [REDACTED] in the niece's name; however, that document did not correspond to the account number MassHealth requested information on (Exhibit 8 and Exhibit 7, p. 2).¹ On March 3, 2025, the appellant's representative stated that they had no other additional information to provide, and that an appeal decision could be made in the case (Exhibit 8).

Findings of Fact

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

1. Appellant applied for MassHealth long-term care benefits on June 5, 2024.
2. The appellant is under the age of [REDACTED] and entered the nursing facility on [REDACTED]
 - a. The appellant was discharged from the nursing facility on [REDACTED]
3. The nursing facility is seeking an eligibility start date of May 13, 2024.
4. On July 9, 2024, MassHealth sent a request for information to the appellant, and provided a due date of September 18, 2024.
5. Included in that request were copies of bank statements from January 1, 2023 through present from two banks, seeking all sources of deposits, account owner's names and copies of cleared checks.
6. As documents were not received timely, a September 24, 2024 denial was issued by MassHealth, and appellant timely filed an appeal with the Board of Hearings.
7. A hearing was held on December 24, 2024, and the hearing officer held the record open for appellant to submit the requested documentation.
8. As of March 3, 2025, the appellant failed to provide proof of the sources of deposits MassHealth was questioning.

¹ The wire transfer appears to have had nothing to do with appellant.

Analysis and Conclusions of Law

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members (130 CMR 515.002). The regulations governing MassHealth at 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for noninstitutionalized persons aged ■ or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as defined by Title XIX of the Social Security Act and authorized by M.G.L. c. 118E, and certain Medicare beneficiaries. (130 CMR 515.002). At the time of application, the appellant was an institutionalized person. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply to this case (130 CMR 515.002).

Pursuant to 130 CMR 515.008, applicants or members must cooperate with MassHealth in providing information to establish and maintain eligibility and must comply with all of the rules and regulations governing MassHealth, including recovery. MassHealth may request additional information and documentation, if necessary, to determine eligibility (130 CMR 516.001).

To obtain the necessary information and documentation, MassHealth sends the applicant written notification requesting verifications to corroborate information necessary to determine eligibility, generally within five days of the receipt of the application (130 CMR 516.001(B)). The notice advises the applicant that the requested verifications must be received within 30 days of the date of the request, and of the consequences of failure to provide the information (130 CMR 516.001(B)). Under the regulations, if the requested information, with the exceptions of verification of immigration status, is not provided within 30 days of the date of the request, MassHealth benefits may be denied (130 CMR 516.001(C)).

In this case, the appellant was provided with the appropriate 30 days to provide the information necessary for an eligibility determination (*see also*, MassHealth Eligibility Operations Memo 25-03). As of the date of the notice on appeal, the appellant had not provided the requested information.

At hearing, the record was held open to give the appellant the opportunity to provide information necessary to determine eligibility. During the record open period, MassHealth did not receive all the information necessary to determine eligibility (see Exhibit 7). While withdrawals out of an account can be treated as transfers, sources of deposits into accounts must be verified for MassHealth to be able to make a proper eligibility determination. It is uncontested that appellant failed to provide proper documentation regarding the source of deposits into his accounts.

MassHealth acted within its discretion to deny the appellant's application for long-term care coverage (130 CMR 516.001(C)). The decision made by MassHealth was correct.

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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104