

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418535
Decision Date:	3/7/2025	Hearing Date:	1/7/2025
Hearing Officer:	Radha Tilva	Record Open to:	3/6/2025

Appearance for Appellant:



Appearance for MassHealth:

Riana Malik, Tewksbury 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:	3/7/2025	Hearing Date:	01/07/2025
MassHealth’s Rep.:	Riana Malik	Appellant’s Rep.:	
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 October 24, 2024, MassHealth determined that appellant is not eligible for MassHealth benefits because appellant failed to provide the information MassHealth requested (Exhibit 1). The appellant filed this appeal in a timely manner on December 4, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

The record was held open for appellant to submit the missing documentation. On March 6, 2025, the MassHealth representative reported that all the verifications from her appeal narrative were still outstanding (Exhibit 5).

Action Taken by MassHealth

MassHealth denied appellant long-term care services for failure to verify.

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 that appeared telephonically testified that appellant is [REDACTED] years old, and was admitted to a nursing facility on [REDACTED] 2024. MassHealth received an application for MassHealth long-term care benefits on September 6, 2024, seeking eligibility to start on August 29, 2024. On September 17, 2024, MassHealth issued a request for information, and on October 24, 2024, MassHealth issued a denial for missing verifications. MassHealth received two packets of information from appellant the morning of the hearing and was able to review one prior the hearing. The items that remained outstanding at hearing included:

- 1) reverse mortgage statements from August 1, 2023 to present;
- 2) For an IRA, still need statements from August 1, 2023 to close, plus proof of source of deposits and explanation of disbursements over \$1,000.00;
- 3) For the [REDACTED] annuity, there are two separate deposits from this income source seen on submitted bank statements that still need to be verified; provide verification of all monthly income including the gross monthly benefit and any deductions;
- 4) Savings bank account x [REDACTED]: need source of deposits including one deposit made on December 29, 2023 for \$2,500;
- 5) Checking account x [REDACTED]: MassHealth needs proof of source of all deposits including those made on December 29, 2023, March 7, 2024, May 13, 2024, and July 17, 2024;
- 6) Funeral contract: MassHealth needs a copy of the itemized good and services from the funeral home;
- 7) Savings bank account x [REDACTED]: provide statements from 8/1/2023 through present and source of all deposits;
- 8) Checking account x [REDACTED]: statements from 8/1/2023 through present and source of all deposits.

(see Exhibit 4).

The appeal representative stated that he is having a tough time getting information from the Power of Attorney. He explained that one of the pension companies sold to another company, and the second company is unable to get any information. The representative stated that an I.R.S. Form 1099 would come out around January 25, 2025, which they hope will provide more information. The representative stated that he understood what information was missing and requested that the record remain open for him to work on gathering that information for MassHealth. The hearing officer agreed to keep the record open until February 18, 2025 for the appellant to submit the missing verifications.

On February 5, 2025, the appeal representative requested additional time to get the requested information. The hearing officer granted the request and extended the record open period until February 27, 2025. On February 27, 2025 the MassHealth representative stated that she did not receive any additional verifications (Exhibit 5, p. 3). The hearing officer reached out to the appeal representative on March 3, 2025 and the email did not go through to him (Exhibit 5, p. 2). The

MassHealth representative had no other contact on file and on March 6, 2025 reported that the verifications on the appeal narrative were all still outstanding (Exhibit 5).

Findings of Fact

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

1. Appellant, a single individual who is [REDACTED] years old, was admitted to a nursing facility on [REDACTED], 2024.
2. On September 6, 2024, MassHealth received an application for long-term care benefits seeking an eligibility start date of August 29, 2024.
3. On September 17, 2024, MassHealth issued a request for information.
4. Having not received the requested information, MassHealth issued the denial on appeal, dated October 24, 2024.
5. A number of IRA, annuity and bank statements along with sources of deposits remained outstanding as outlined in the Summary of Evidence and appeal narrative (see Exhibit 4).
6. The appeal representative requested a record open period to obtain those documents, which the hearing officer granted.
7. As of March 6, 2025, all of the items listed in the appeal narrative remained missing.

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 65 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 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 first sent a request for verifications on September 17, 2024, and 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. Thus, MassHealth correctly issued the denial notice on appeal, dated October 24, 2024.

At hearing, the record was held open to give the appellant the opportunity, again, to provide information necessary to determine eligibility. On March 6, 2025, after appellant's deadline to submit the missing verifications had passed, the MassHealth representative confirmed that she received none of the documents listed on her appeal narrative (Exhibit 5). Thus, all the information was still outstanding. While withdrawals out of an account can be treated as transfers, sources of deposits 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 her accounts and failed to comply with the other documents requested by MassHealth.

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: Appellant Representative: [REDACTED]
[REDACTED]

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