

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418656
Decision Date:	3/20/2025	Hearing Date:	02/04/2025
Hearing Officer:	Kimberly Scanlon	Record Open to:	03/18/2025

Appearance for Appellant:



Appearance for MassHealth:

Roberta Noland-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

Appeal Decision:	Denied	Issue:	Eligibility; Over 65; Long-term care; Verifications
Decision Date:	3/20/2025	Hearing Date:	02/04/2025
MassHealth's Rep.:	Roberta Noland	Appellant's Rep.:	Son
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (Remote)	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 November 7, 2024, MassHealth notified the appellant that she was not eligible to receive MassHealth benefits because she did not submit the information it needed to decide her eligibility within the required timeframe (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on or about December 4, 2024. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence and for MassHealth to review and respond (Exhibit 7).

Action Taken by MassHealth

MassHealth notified the appellant that she was not eligible to receive MassHealth benefits because she did not submit the information needed to determine her eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that she was not eligible for MassHealth benefits because she did not submit the information needed to determine her eligibility within the required timeframe.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is over the age of [REDACTED]. On July 22, 2024, MassHealth received the appellant's and her spouse's application for long-term care benefits.¹ (See, Exhibit 6, pp. 1-2). MassHealth is unable to confirm the status of admission or requested eligibility date because an SC-1 from the facility has not been received. On August 1, 2024, MassHealth notified the appellant that additional information was needed to determine her eligibility, which was due by October 30, 2024. (See, Exhibit 6, pp. 4-10). MassHealth did not receive any of the requested information. On November 7, 2024, MassHealth sent the appellant a denial notice for failure to submit the requested documentation needed to determine her eligibility. (Exhibit 1). On or about December 2, 2024, MassHealth received some of the requested documents on behalf of the appellant and reactivated her long-term care application. On December 6, 2024, MassHealth sent the appellant a request for additional verifications that remain outstanding, due by January 5, 2025. (Exhibit 6, pp. 21-28). On January 6, 2025, MassHealth received some, but not all of the requested documents on behalf of the appellant. On January 16, 2025, MassHealth sent the appellant a denial notice for failure to submit all the requested documentation needed to determine her eligibility (Exhibit 6, pp. 29-39). As of the date of the hearing, the following verifications were still outstanding:

- Facility Documents: SC-1, PNA statement from inception to present with all transactions; letter stating room and board payments and exact dates covered. If PPA, dates payments were intended to cover;
- [REDACTED] Most recent pay stub showing gross monthly amount and any deductions, and [REDACTED] Pension statements for last 12 months or letter from administrator stating gross monthly amount and deductions for last 12 months. Alternatively, the 2024 1099-R equivalent may be acceptable if there are no deductions and monthly amount comports with amount deposited to bank account;
- [REDACTED] itemized care plan with detail of care provided (e. g. ADL's), and any amendments to care plan. Proof of disposition of security deposit;

¹ The appellant's spouse passed away on [REDACTED] [REDACTED] to the hearing that the Board of Hearings (BOH) had initially scheduled for January 7, 2025. (See, Exhibit 4). On January 15, 2025, the BOH notified the appellant that her hearing was re-scheduled for February 4, 2025. (See, Exhibit 5). As of the date of the February 4th hearing, the decedent's (appellant's spouse) appeal was placed on hold, pending a Probate Court appointment of a personal representative.

- Personal Care Agreement (“PCA”) dated 1/15/21-Verifications of work performed and payments made pursuant to terms of PCA between the appellant and her spouse as Care Recipients, to appellant’s representative as Caregiver;
- Caregiving (Care, Housekeeping, Transportation, Financial Management, Property Management, etc.)-Contemporaneous caregiver logs/invoices verifying dates and times with descriptions of services performed on those dates. Receipts for reimbursed out-of-pocket expenses;
- [REDACTED]-Receipts for the appellant’s representative’s handyman services and renovation materials purchased for each property. Invoices showing work and materials with corresponding payments. Supporting market analysis/documentation (e.g. real estate broker) for [REDACTED]
- Accounts-For the following accounts and time periods: All pages of *statements including checks*; proof of source of all unidentified deposits of any amount; for all disbursements of \$1,000 and over, and for recurring payments/withdrawals of any amount, supporting documents (i.e. checks, receipts, etc.) with explanations for expense/use of funds:
[REDACTED]
- Checks to appellant’s representative: Supporting documentation verifying reason for payments: 2/22/21 \$9,600; 4/1/21 \$9,000; 11/5/21 \$1,000; 1/25/22 \$4,000; 3/15/22 \$4,000; 5/2/23 \$8,490; 5/4/23 \$5,000. These payments total \$41,090.00 and were not included in Applicant’s list of payments made under Personal Care Agreement;
- Credit card payments/advances: Credit card statements showing credit card account owner for payments on credit cards.

(Exhibit 6, pp. 32-36).

The appellant’s representative appeared at the hearing by telephone and testified that he has gathered most of the requested documentation. He explained that he is running behind because he is self-employed and is still dealing with the paperwork associated with his father’s recent passing. He stated that he attempted to fax some of the documentation to MassHealth prior to the hearing however, his attempt was unsuccessful because the fax machine that he used is not working properly. He discussed the paperwork that he has gathered thus far. With respect to the remaining documentation that MassHealth requested, he explained that he never imagined that his parents would need to apply for long-term care. As such, he did not retain some of the documentation requested by MassHealth.

Following the hearing, the record was left open for a brief period to allow the appellant additional time to submit the outstanding verifications to MassHealth, and for MassHealth to review submission. (Exhibit 7). The MassHealth representative subsequently responded that she received some, but not all the requested verifications that are needed to determine the appellant’s

eligibility. (Exhibit 8, p. 1). She noted the following verifications remain outstanding: facility documentation (SC-1, PNA statement from inception to present with all transactions, letter stating room and board and PPA statements and exact dates covered); the appellant's most recent pay stub (from her [REDACTED]) showing gross monthly amount and any deductions; supporting documentation showing source of funds for a deposit made to the appellant's bank account on June 3, 2024 in the amount of \$19,902.00; and a copy of a check dated December 2, 2024 in the amount of \$4500.00, with supporting documentation and an explanation for disbursement. *Id.*

Findings of Fact

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

1. The appellant is over the age of [REDACTED] and she was admitted to the nursing facility.
2. On July 22, 2024, MassHealth received the appellant's joint application for long-term care benefits.
3. On August 1, 2024, MassHealth notified the appellant that additional information was needed to determine eligibility, which was due by October 30, 2024. MassHealth did not receive the requested documentation.
4. On November 7, 2024, MassHealth notified the appellant that she was not eligible to receive long-term care benefits because she did not submit the requested documentation needed to determine her eligibility.
5. On or about December 2, 2024, MassHealth received some of the requested documentation.
6. On December 6, 2024, MassHealth notified the appellant of the remaining documentation needed to determine her eligibility, which was due by January 5, 2025.
7. On or about January 6, 2025, MassHealth received some of the requested documentation.
8. On January 16, 2025, MassHealth notified the appellant that she was not eligible to receive long-term care benefits because she did not submit all the requested documentation needed to determine her eligibility.
9. The appellant timely appealed this MassHealth action.
10. As of the hearing date, the following verifications were still outstanding:

- Facility Documents: SC-1, PNA statement from inception to present with all transactions; letter stating room and board payments and exact dates covered. If PPA, dates payments were intended to cover;
- [REDACTED] Most recent pay stub showing gross monthly amount and any deductions, and [REDACTED] Pension statements for last 12 months or letter from administrator stating gross monthly amount and deductions for last 12 months. Alternatively, the 2024 1099-R equivalent may be acceptable if there are no deductions and monthly amount comports with amount deposited to bank account;
- [REDACTED] itemized care plan with detail of care provided (e. g. ADL's), and any amendments to care plan. Proof of disposition of security deposit;
- Personal Care Agreement ("PCA") dated 1/15/21-Verifications of work performed and payments made pursuant to terms of PCA between the appellant and her spouse as Care Recipients, to appellant's representative as Caregiver;
- Caregiving (Care, Housekeeping, Transportation, Financial Management, Property Management, etc.)-Contemporaneous caregiver logs/invoices verifying dates and times with descriptions of services performed on those dates. Receipts for reimbursed out-of-pocket expenses;
- [REDACTED] Receipts for the appellant's representative's handyman services and renovation materials purchased for each property. Invoices showing work and materials with corresponding payments. Supporting market analysis/documentation (e g. real estate broker) for [REDACTED]
- Accounts-For the following accounts and time periods: All pages of *statements including checks*; proof of source of all unidentified deposits of any amount; for all disbursements of \$1,000 and over, and for recurring payments/withdrawals of any amount, supporting documents (i.e. checks, receipts, etc.) with explanations for expense/use of funds:
[REDACTED]
- Checks to appellant's representative: Supporting documentation verifying reason for payments: 2/22/21 \$9,600; 4/1/21 \$9,000; 11/5/21 \$1,000; 1/25/22 \$4,000; 3/15/22 \$4,000; 5/2/23 \$8,490; 5/4/23 \$5,000. These payments total \$41,090.00 and were not included in Applicant's list of payments made under Personal Care Agreement;
- Credit card payments/advances: Credit card statements showing credit card account owner for payments on credit cards.

11. Following the hearing, the record was left open for the appellant to submit the outstanding verifications and for MassHealth to review submission.
12. The MassHealth representative subsequently indicated that she received some, but not all the requested verifications needed to determine the appellant's eligibility. The following verifications remain outstanding: facility documentation (SC-1, PNA statement from inception

to present with all transactions, letter stating room and board and PPA statements and exact dates covered); the appellant's most recent pay stub (from her MA state pension) showing gross monthly amount and any deductions; supporting documentation showing source of funds for a deposit made to the appellant's bank account on June 3, 2024 in the amount of \$19,902.00; and a copy of a check dated December 2, 2024 in the amount of \$4500.00, with supporting documentation and an explanation for disbursement.

Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all rules and regulations of MassHealth, including recovery or maintaining other health insurance. (See, 130 CMR 515.008).

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (See, 130 CMR 516.001). 130 CMR 516.019(B) provides the following, with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of application.
- (2) The notice advises the applicant that the requested information 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(C) sets forth the process regarding the receipt of corroborative information and provides as follows:

If the requested information, with the exception of verification of citizenship, identity, and immigration status is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

In the present case, the appellant was granted a post-hearing record-open period to submit the outstanding information described above. Despite the additional time granted, the appellant submitted some, but not all outstanding information. Specifically, the appellant has not submitted the following: facility documentation (SC-1, PNA statement from inception to present with all transactions, letter stating room and board and PPA statements and exact dates covered); the appellant's most recent pay stub (from her [REDACTED]) showing gross monthly amount and any deductions; supporting documentation showing source of funds for a deposit made to the appellant's bank account on June 3, 2024 in the amount of \$19,902.00; and a copy of a check

dated December 2, 2024 in the amount of \$4500.00, with supporting documentation and an explanation for disbursement. *Id.* Without all requested information, the appellant has not fulfilled her obligations under 130 CMR 516.001. The action taken by MassHealth was within the regulations. 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290