

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2418999
<b>Decision Date:</b>	5/19/2025	<b>Hearing Date:</b>	January 13, 2025
<b>Hearing Officer:</b>	Stanley M. Kallianidis	<b>Record Open Date:</b>	May 9, 2025

**Appellant Representatives:**



**MassHealth Representative:**

Wilfred Colon, Quincy



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> Floor  
Quincy, MA 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Verifications
<b>Decision Date:</b>	5/19/2025	<b>Hearing Date:</b>	January 13, 2025
<b>MassHealth Rep.:</b>	Wilfred Colon, Quincy		

### 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 12, 2024, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the verification process had not yet been completed (see 130 CMR 515.008 and Exhibit 1). The appellant filed this appeal in a timely manner on December 12, 2024 (see 130 CMR 610.015 and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

On December 17, 2024, a hearing notice was sent to the parties (Exhibit 3).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

### Issue

Pursuant to 130 CMR 515.008 and 130 CMR 610.071, has the appellant provided MassHealth with the requested verifications as of the close of the hearing record so as to be entitled to a re-determination of benefits?

## Summary of Evidence

The MassHealth representative testified that the appellant's May 31, 2024 application was denied due to a failure to provide timely verifications (Exhibit 4). A verification request was sent out to the appellant (Exhibit 4). The verifications were not submitted, and a Notice of Denial was issued on November 12, 2024 (Exhibit 1). The missing verifications at issue were the appellant's Personal Needs Account (PNA) statement, bank statements from January 2023-May 2024 verifying deposits other than income, and withdrawals over \$1,000.00, the completion of the long-term care application regarding whether tax returns had been filed in the preceding two years, and an ARD form for the appellant representative (Exhibit 4).

The record was left open for 30 days and then extended further out to May 9, 2025 for the appellant to submit all the requested documents so that a determination in her case could be made (Exhibit 5).

On March 4, 2025, the appellant's representative submitted to MassHealth an attachment with bank statements from 2023 to 2025, a private pay letter, copies of outstanding checks, and information on large withdrawals. On April 1, 2025, the MassHealth representative indicated that he had received the bank statements, but that he needed more information on cashed out checks, the ARD form, disability supplement and the PNA statement (Exhibit 6).

On May 2, 2025, the appellant, through another representative, submitted additional bank statements from 2025 with documentation of large withdrawals, a PNA letter, a response to the ARD request explaining that person in question was no longer employed by the nursing facility and therefore the ARD was not necessary, as well as a completed disability supplement that answered the tax return questions (Exhibit 7).

On May 9, 2025, the MassHealth representative indicated that he was still missing the requested bank statements originally requested with documentation of deposits other than income and withdrawals over \$1,000.00 (Exhibit 8).

On May 9, 2025, the appellant's representative re-submitted all of the originally requested bank statements (Exhibit 9).

On May 15, 2025, the MassHealth representative indicated that the bank statements that were submitted did not meet the verification request that the appellant was given (Exhibit 10).

## Findings of Fact

Based on a preponderance of the evidence, I find:

1. The appellant applied for MassHealth on May 31, 2024 (Exhibit 4).
2. The appellant's application was denied on November 12, 2024 due to a failure to provide verifications (Exhibit 1).
3. The missing verifications at issue were the appellant's PNA statement, bank statements from January 2023-May 2024 verifying deposits other than income, and withdrawals over \$1,000.00, the completion of the long-term care application regarding whether tax returns had been filed in the preceding two years, and an ARD form for the appellant representative (Exhibit 4).
4. The appellant's representative submitted the above-indicated requested verifications during the extended record-open period of May 9, 2025, including the requested bank statements and answers or evidence of the whereabouts of large withdrawals (Exhibits 5-9).

## Analysis and Conclusions of Law

The applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of the MassHealth program including recovery (130 CMR 515.008(A)). If the requested information is not received, MassHealth benefits may be denied (130 CMR 516.001).

130 CMR 610.071 provides that evidence submitted at the hearing shall not be excluded. The date of eligibility is the date when the conditions of eligibility have been met, regardless of when the evidence was provided.

In the instant appeal, I have found that the appellant applied for MassHealth on May 31, 2024. The appellant's application was denied due to her failure to verify her PNA statement, bank statements from January 2023-May 2024 verifying deposits other than income, and withdrawals over \$1,000.00, the completion of the long-term care application regarding whether tax returns had been filed in the preceding two years, and an ARD form for the appellant representative.

During the record-open period, the appellant's representative provided the requested verifications to MassHealth so as to preserve the original application date. This included the submission of all the bank statements on two occasions. Nevertheless, MassHealth remained unsatisfied with the bank statements and related verifications that it was given. I find that MassHealth's reluctance to proceed with a determination in this case unwarranted, however.

The MassHealth representative's request included documentation of deposits other than income, but there were no specific deposits that were ever questioned. As to large withdrawals, the appellant provided MassHealth with specific evidence as to where these withdrawals went. That is all that is required by the regulations. If MassHealth still does not feel that these were fair value transactions, it may determine a period of ineligibility based upon disqualifying transfers. What it cannot do is refuse to process the appellant's long-term care application.

Thus, based upon the regulations cited above, and where the appellant provided MassHealth with the requested information in its denial notice, I conclude that the appellant is entitled to a reopening of her May 31, 2024 application and a determination of her eligibility for long-term care benefits.

The appeal is therefore approved.

## **Order for MassHealth**

Reopen May 31, 2024 application and determine appellant's eligibility for MassHealth.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this notice, you should contact your local office. 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.

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Stanley M. Kallianidis  
Hearing Officer  
Board of Hearings

cc:



Quincy MEC