

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500699
Decision Date:	3/31/2025	Hearing Date:	02/04/2025
Hearing Officer:	Rebecca Brochstein	Record Open Date:	03/14/2025

Appearance for Appellant:



Appearances for MassHealth:

Lori Van Zile, Quincy MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Long-Term Care; Verifications
Decision Date:	3/31/2025	Hearing Date:	02/04/2025
MassHealth's Rep.:	Lori Van Zile	Appellant's Rep.:	[REDACTED]
Hearing Location:	Quincy MassHealth Enrollment Center (Telephonic)		

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 long-term care services for failure to provide requested verifications (Exhibit 1). The appellant filed this appeal in a timely manner on January 13, 2025 (130 CMR 610.015(B); Exhibit 2). Denial of benefits is a valid basis for appeal (130 CMR 610.032). After hearing on February 4, 2025, the record was held open for additional evidence (Exhibits 7 and 8).

Action Taken by MassHealth

MassHealth denied the appellant's long-term care application for failure to provide requested verifications.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant's MassHealth application.

Summary of Evidence

The MassHealth representative testified that the appellant is a resident of a nursing facility. A MassHealth long-term care application was submitted on her behalf on June 10, 2024.¹ MassHealth sent a request for information on June 21, 2024. Some of the requested information was received on September 19, 2024, but much of it remained missing. On September 24, 2024, MassHealth denied the application for failure to submit all the requested verifications. MassHealth received some of the outstanding information on October 2, 2024, and the application was re-logged for that date. MassHealth sent a new request for information on October 3, 2024, with a new due date of November 2, 2024. As the information was not received within that time frame, MassHealth issued a new denial notice on November 12, 2024.

The MassHealth representative submitted the following list of verifications that remained outstanding as of the hearing on February 4, 2025:

1. **Proof of Income from Private Pension (Institution A)**
This income was not previously reported and was picked up by 1099 from income taxes. Please submit current pension statement dated within 60 days and showing gross income and net income.
** What was provided is not legible
2. **Proof of Other Income from DIVIDENDS (Institution B)**
Dividends reported on 2023 income taxes from [Institution B] balance[s] were not previously reported assets and were [sic] verifications were not provided with the income taxes.
3. **Proof of Other Income from SC1**
Box 19 of SC1 was left blank.
4. **Proof of Other Income from NURSING SCREENING**
Only first page of nursing facility screening was received.
5. **Proof of Income from Private Pension (Institution C)**
This income was not previously reported and was picked up by 1099 from income taxes. Please submit current pension statement dated within 60 days and showing gross income and net income.
6. **Proof of Other Income from NOTE**
Step 5, question 3 of application was not answered. Please answer and resubmit.
7. **Proof of Income from Private Pension (Institution D)**

¹ The coverage request date was not clear from the long-term care application, but the appellant's representative later stated that the appellant is seeking coverage as of June 25, 2024.

This income was not previously reported and was picked up by 1099 from income taxes. Please submit current pension statement dated within 60 days and showing gross income and net income.

8. **Proof of Bank Account Information from Checking Account (Institution E, Account 1)**

Please submit bank statements from 5/7/2024-current. Please verify all withdrawals and deposits over \$1,500. Verification of withdrawals would be receipts and deposits would be [sic] copies of the source. Copies of checks must be included with each statement. Check copies are also required for the statements already submitted. Verification of transactions over \$1,500 were not provided on current statements and those previously provided. There are large transactions that need verification.

9. **Proof of Bank Account Information from Individual Retirement Account (IRA) (Institution F)**

This account was only just reported to us with the submission of the income tax returns. Statements from 1/1/2023-current are needed and verification of all transactions over \$1,500 are required. If this has been closed, statement from one year prior to closing are [sic] needed with verification of where the funds from closing were deposited.

10. **Proof of Bank Account Information from Checking Account (Institution E, Account 2)**

This account was only just reported to us with the recent submission of verifications. Please confirm whose account this is. If this account belongs to applicant, please submit statements from 1/1/2023-current. Please verify all withdrawals and deposits over \$1,500.00. Verification of withdrawals would be receipts and deposits would be [sic] copies of the source. If this account does not belong to applicant, please provide proof of who it belongs to and the reason for . . . transactions. (Exhibit 5)

The appellant was represented at hearing by a Medicaid Specialist employed by the nursing facility. He stated that he thought some of the missing information had been submitted already, but acknowledged that some verifications were not yet provided. He requested additional time to obtain and submit the missing verifications, adding that the appellant's family expected to have these documents in preparation to file her taxes.

The record was held open until February 21, 2025, for the appellant's representative to submit the outstanding information as set forth at hearing, and until February 28, 2025, for MassHealth to review the submission and respond. On February 18, 2025, the appellant's representative requested an extension of the record-open period, stating that he was on paternity leave and that the appellant's daughter was still gathering the necessary documents.² The hearing officer granted the extension request, setting the appellant's new due date to March 7, 2025, and MassHealth's review date to March 14, 2025. See Exhibit 7.

² The appellant's representative copied the appellant's daughter (who was not included in previous correspondence) on the email and asked that she "please forward docs directly to this email when received to avoid any delays during this period." See Exhibit 8.

On March 11, 2025, after the appellant's March 7 record-open deadline, the Board of Hearings received a 15-page submission with some additional documentation.³ The hearing officer forwarded the submission to the MassHealth representative, who had not previously received them. She responded that some of the missing documents had been provided, but that some remained outstanding.⁴ Specifically, she indicated that the appellant had submitted the first five items on the list she presented at hearing (Institution A pension income; Institution B dividend income; completion of Box 19 on the SC-1; second page of the nursing facility screening; and Institution C pension income), but had not submitted the last five items (completion of Step 5, question 3 on the application; Institution D pension income; bank statements and large transaction verifications for Institution E, Accounts 1 and 2; and bank statements and large transaction verifications for Institution F). She stated that the application remains denied for missing verifications. See Exhibit 8.⁵

Findings of Fact

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

1. The appellant is a resident of a nursing facility.
2. On June 10, 2024, a MassHealth long-term care application was submitted on the appellant's behalf. The appellant is seeking coverage as of June 25, 2024.
3. On June 21, 2024, MassHealth sent a request for information. Some of the information was submitted in the necessary time frame, but some documentation was missing.
4. On September 24, 2024, MassHealth denied the application for failure to submit all the requested verifications.
5. On October 2, 2024, the appellant submitted some additional information, and the application was re-logged for that date.
6. On October 3, 2024, MassHealth sent a new request for information, with a due date of November 2, 2024.

³ It is not clear who sent these documents to BOH, as the submission was faxed with no cover sheet. See Exhibit 8.

⁴ The MassHealth representative submitted an updated copy of the list, having changed the font color of the submitted documents to green and the color of the missing documents to red. Though this correspondence is included in the record, it is printed in black and white, and the color designations are not visible. See Exhibit 8.

⁵ The appellant's representative did not respond to this communication.

7. On November 12, 2024, MassHealth again denied the application for missing verifications.
8. The appellant filed a timely appeal on January 13, 2025.
9. As of the hearing date on February 4, 2025, the following information remained outstanding:
 - a. Institution A pension income
 - b. Institution B dividend income
 - c. Completion of Box 19 on the SC-1
 - d. Second page of the nursing facility screening
 - e. Institution C pension income
 - f. Completion of Step 5, question 3 on the application
 - g. Institution D pension income
 - h. Bank statements and large transaction verifications for Institution E, Account 1
 - i. Bank statements and large transaction verifications for Institution F
 - j. Bank statements and large transaction verifications for Institution E, Account 2
10. After hearing, the record was held open until February 21, 2025, for the appellant to submit the missing verifications. At the request of the appellant's representative, the record-open period was extended to March 7, 2025 (with a deadline of March 14, 2025, for MassHealth to review any new submissions).
11. No information was received by the appellant's March 7 deadline.
12. On March 11, 2025, the Board of Hearings received a 15-page submission with some additional documentation. The MassHealth representative reviewed the submission and reported that the new documents included the first five missing items from the list, but that the last five items remained outstanding.
13. The appellant has not provided all the requested verifications that MassHealth needs to make an eligibility determination.

Analysis and Conclusions of Law

Under 130 CMR 515.008(A), an applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility. After receiving an application, MassHealth requests all corroborative information necessary to determine eligibility. 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. If the requested information is received within 30 days of the date of the request, the application is considered complete. If it is not received within that time frame, MassHealth benefits may be denied. 130 CMR 516.001(B) and (C).

There is no dispute in this case that the appellant did not provide all the requested information

within the regulatory time frame. Substantial information remained outstanding as of the date of the hearing. At the request of the appellant's representative, the record was held open after hearing – and that deadline was subsequently extended – but nothing was submitted before the record closed. Though some documents were submitted on March 11, after the record had closed, these verifications only addressed half of the ten items that MassHealth identified as outstanding. As the MassHealth representative reported (and the appellant did not dispute), the appellant failed to complete a portion of the long-term care application and to provide pension and banking information for accounts at several different financial institutions. Accordingly, the appellant has failed to demonstrate that she provided all the information necessary to determine her MassHealth eligibility.

This appeal is therefore 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.

Rebecca Brochstein
Deputy Director
Board of Hearings

cc: Quincy MEC

