

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2502109
Decision Date:	03/27/2025	Hearing Date:	02/19/2025
Hearing Officer:	Amy B. Kullar, Esq.	Record Open to:	03/12/2025

Appearances for Appellant:



Appearance for MassHealth:

Stephanie Mowles, Quincy MassHealth
Enrollment Center



*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:	Long-Term Care; Verifications
Decision Date:	03/27/2025	Hearing Date:	02/19/2025
MassHealth's Rep.:	Stephanie Mowles	Appellant's Reps.:	[REDACTED]
Hearing Location:	Quincy Harbor South 3 (Telephone)	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 January 6, 2025, MassHealth denied the appellant's application for MassHealth long-term care (LTC) benefits because MassHealth determined that the appellant did not submit the necessary documentation required to make an eligibility decision. *See* 130 CMR 515.008 and Exhibit 1. The appellant filed this appeal in a timely manner, having submitted a request for fair hearing on January 31, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's application for long-term care benefits.

Issue

The appeal issue is whether MassHealth was within its discretion to deny the appellant's application for long-term care benefits for failure to submit the necessary eligibility verifications.

Summary of Evidence

The appellant is an adult over the age of 65 who was represented at hearing by her authorized representative, an employee in the business office of the appellant's nursing facility. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the testimony and evidence presented at hearing.

The MassHealth representative testified to the following: on May 30, 2024, an application for MassHealth LTC benefits was filed on the appellant's behalf; a request for additional information was sent to the appellant on June 13, 2024. The LTC application was then denied on September 16, 2024. The LTC application was then relogged, and a new Request for Information was sent to the appellant on November 25, 2024. A final denial of the appellant's long-term care application was issued on January 6, 2025. The appellant submitted documents to MassHealth on January 31, 2025, after the denial was issued; these documents were processed by MassHealth prior to hearing. As of the date of hearing, there are still verifications regarding one of the appellant's closed bank accounts that are outstanding from the January 6, 2025 denial letter:

[REDACTED]: unverified transactions: verify deposits (including 11/3/21) into account; verify purchases (5/23/22 and 4/6/22); verify withdrawal on 9/3/21. Verify closing of this account and opening statement showing closing amount in son's new bank account.

This bank account shows up as closed in the MassHealth computer system, but MassHealth has not received verifications about the closure of the account. Testimony. The MassHealth representative stated there were several deposits, purchases, and withdrawals involving this bank account that would need to be explained by the appellant to MassHealth. MassHealth is looking for information about the ownership of the account, and MassHealth also needs to know who was making the deposits, purchases, and withdrawals from this bank account. Testimony.

The appellant's representative did not dispute the MassHealth representative's testimony and acknowledged that the verifications for this bank account were still outstanding. The appellant's representative explained that the appellant's son was the actual owner of the account; his mother, the appellant, had opened the bank account for him when he was deployed overseas serving in the U.S. military. The appellant had never deposited any money into the account or used the account ever. Testimony. The appellant's representative expressed that he would need a little more time to obtain the outstanding verifications for this bank account; he will work with the appellant's son to gather this information. The appellant's representative requested that the record be kept open to allow him more time to gather the outstanding documentation.

At the conclusion of the hearing, it was agreed that the record would be held open until March 12,

2025 for the appellant to provide the outstanding verifications to MassHealth and the Hearing Officer, and then MassHealth would have a week to process the submission and respond. Exhibit 5. On February 20, 2025, the Hearing Officer received a faxed request from the appellant's representative to add an additional appellant representative to the appeal. Exhibit 6. The additional appellant representative was copied on the Record Open email sent by the Hearing Officer to all parties. Exhibit 7. On March 12, 2025, the Hearing Officer requested an update as to the status of the record open submissions, and MassHealth responded that as of this date, no submissions have been received at MassHealth from the appellant. Exhibit 8. On March 17, 2025, having received no response and no submissions from either of the appellant's representatives, nor any request for an extension of time to respond, the Hearing Officer closed the administrative record.

Findings of Fact

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

1. The appellant is an adult over the age of 65 who is a resident of a nursing facility.
2. On May 30, 2024, an application for MassHealth Long-Term care benefits was filed on the appellant's behalf. Testimony, Exhibit 4.
3. On January 6, 2025, the appellant's application was denied for failure to provide verification information after a request for information by MassHealth. Exhibit 1, Testimony.
4. The appellant filed a timely appeal on January 31, 2025. Exhibit 2.
5. Following the appeal hearing, the appellant's representative requested that the record be kept open until March 12, 2025 for submission of missing verifications, which was granted. Testimony, Exhibit 5.
6. As of the issuance of this decision, the following verifications are still outstanding:
 - [REDACTED]: unverified transactions: verify deposits (including 11/3/21) into account; verify purchases (5/23/22 and 4/6/22); verify withdrawal on 9/3/21. Verify closing of this account and opening statement showing closing amount in son's new bank account.

Analysis and Conclusions of Law

An applicant for any MassHealth benefits is required to “cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility...” 130 CMR 515.008(A). After receiving an application for benefits, MassHealth proceeds as follows:

The MassHealth agency requests all corroborative information necessary to determine eligibility.

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the 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(B). “If the requested information...is received [by MassHealth] within 30 days of the date of the request, the application is considered complete...If such information is not received within 30 days of the request, MassHealth benefit may be denied.” 130 CMR 516.001(C).

MassHealth applicants must meet certain financial requirements to be eligible for long-term care services. Specifically, there is a \$2000 asset limit for an individual and a \$3000 asset limit for certain couples living together in the community. See 130 CMR 520.003(A).

In this case, the appellant has not provided MassHealth with critical financial information it needs to make an eligibility determination for long-term care benefits. As a result, MassHealth was within its discretion to deny the appellant’s application, which has been open since May 30, 2024.

For the foregoing reasons, the appeal is hereby 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

cc: MassHealth Representative: Quincy MEC, Appeals Coordinator, Tosin Adebiyi, 100 Hancock Street, 6th Floor, Quincy, MA 02171