

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2503592
<b>Decision Date:</b>	06/24/2025	<b>Hearing Date:</b>	04/14/2025
<b>Hearing Officer:</b>	Scott Bernard	<b>Record Open to:</b>	06/02/2025 appellant; 06/09/2025 MassHealth

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Scott Michael, Taunton MassHealth  
Enrollment Center (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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Long Term Care-Verifications
<b>Decision Date:</b>	06/24/2025	<b>Hearing Date:</b>	04/14/2025
<b>MassHealth's Rep.:</b>	Scott Michael, Taunton MassHealth Enrollment Center (MEC)	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center (remote)		

### 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 Standard benefits for long term care residents because MassHealth determined that the appellant did not submit requested verifications within the required time frame. (see 130 CMR 516.001 and Exhibit 1). The appellant filed this appeal in a timely manner on March 4, 2025. (see 130 CMR 610.015(B) and Exhibit 2). The appeal was dismissed by the Board of Hearings (BOH) on March 5, 2025, because no proof of authority was submitted for the individual who signed the appeal. (Exhibit 3). On April 3, 2025, proof of an activated Health Care Proxy was submitted, and the dismissal was vacated. (Exhibit 4). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth Standard for long term care residents.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant failed to submit requested verifications within the required time frame.

## Summary of Evidence

The appellant appeared telephonically at the hearing and verified his identity. The appellant's activated Health Care Proxy (HCP) was contacted but was unable to participate in the hearing. The appellant's activated HCP authorized the nursing facility to represent the appellant at the hearing; however, the authorized nursing facility representative did not answer when called by the hearing officer. MassHealth was represented telephonically by a worker from the Taunton MEC. The MassHealth representative testified that the appellant submitted a MassHealth application on November 20, 2024, seeking a September 22, 2024 MassHealth start date. (Exhibit 7, p. 1). The MassHealth representative noted that at the time of the denial notice, the appellant had not submitted requested bank statements, vehicle registration, burial contract, proof he received 50% of profits from a real estate sale in 2020, and the nursing facility screening. (Exhibit 7, p. 1). During the hearing, the MassHealth representative testified everything except the bank statements and vehicle registration had been submitted.

The MassHealth representative stated that as of the date of hearing, MassHealth still needed the bank statements for the two listed bank accounts, from August 1, 2020 to present with an explanation of all transactions of \$1,500.00 or higher. The MassHealth representative noted that only the first page of these statements was submitted and MassHealth requires the whole statement. The MassHealth representative stated that MassHealth still needed the vehicle registration and/or title, even if the appellant was no longer driving the vehicle.

The appellant stated that he did not know where the bank statements were. The appellant was advised to contact his bank to get the requested statements.

The record was originally left open until May 14, 2025, but was extended to June 2, 2025 because the hearing officer did not mail the record open form to the appellant until May 2, 2025. (Exhibits 8, 9). MassHealth was given until June 9, 2025 to respond. (Exhibits 8, 9). Pursuant to the record open form, the appellant had until June 2, 2025 to submit full bank statements for the two listed bank accounts from August 1, 2020 to present with explanations of all transactions of \$1,500.00 or higher. (Exhibit 8). The appellant was also to submit the vehicle registration. (Exhibit 8). By email dated June 11, 2025, the MassHealth representative informed the hearing officer that the requested documents had not been submitted during the record open period. (Exhibit 11).

## Findings of Fact

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

1. The appellant submitted a MassHealth application on November 20, 2024, seeking a September 22, 2024 MassHealth start date.
2. The application was denied by notice dated January 6, 2025, because the appellant failed to timely submit requested bank statements, vehicle registration, burial contract, proof he received 50% of profits from a real estate sale in 2020, and the nursing facility screening.
3. During the hearing, the MassHealth representative testified everything except the bank statements and vehicle registration had been submitted.
4. As of the date of hearing, MassHealth still needed the bank statements for the two listed bank accounts, from August 1, 2020 to present with an explanation of all transactions of \$1,500.00 or higher, and the vehicle registration.
5. The record was originally left open until May 14, 2025, but was extended to June 2, 2025 because the hearing officer did not mail the record open form to the appellant until May 2, 2025; MassHealth was given until June 9, 2025 to respond.
6. Pursuant to the record open form, the appellant had until June 2, 2025 to submit full bank statements for the two listed bank accounts from August 1, 2020 to present with explanations of all transactions of \$1,500.00 or higher; the appellant was also to submit the vehicle registration.
7. By email dated June 11, 2025, the MassHealth representative informed the hearing officer that the requested documents had not been submitted during the record open period.

## Analysis and Conclusions of Law

Application for Benefits

(A) Filing an Application.

(1) Application. To apply for MassHealth

(a) for an individual living in the community, an individual or his or her authorized representative must file a complete paper Senior Application and all required Supplements or apply in person at a MassHealth Enrollment Center (MEC); or

(b) for an individual in need of long-term-care services in a nursing facility, a person or his or her authorized representative must file a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC).

(2) Date of Application.

(a) The date of application is the date the application is received by the MassHealth agency.

(b) An application is considered complete as provided in 130 CMR 516.001(C).

(c) If an applicant described in 130 CMR 519.002(A)(1) has been denied SSI in the 30- day period before the date of application for MassHealth, the date of application for MassHealth is the date the person applied for SSI.

(3) Paper Applications or In-person Applications at the MassHealth Enrollment Center (MEC)  
— Missing or Inconsistent Information.

(a) If an application is received at a MassHealth Enrollment Center or MassHealth outreach site and the applicant did not answer all required questions on the Senior Application or if the Senior Application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.

(b) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.

(c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the notice, referenced in 130 CMR 516.001(A)(3)(b), the MassHealth agency will request any corroborative information necessary to determine eligibility, as provided in 130 CMR 516.001(B) and (C).

(d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referenced in 130 CMR 516.001(A)(4)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response is received, provided that if the required response is submitted more than one year after the initial incomplete application, a new application must be completed.

(e) Inconsistent answers are treated as unanswered.

(B) Corroborative Information. 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.

(C) Receipt of Corroborative Information. 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.

(130 CMR 516.001).

The hearing officer may not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. The effective date of any adjustments to the appellant's eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.

(130 CMR 610.071(A)(2)).

The appellant did not submit the requested bank statements, vehicle registration, burial contract, proof he received 50% of profits from a real estate sale in 2020, and the nursing facility screening within the required time frame and his application was denied by notice dated January 6, 2025. As of the date of hearing, the appellant had submitted all the requested verifications, except for the bank statements and vehicle information. The record was left open until June 2, 2025 to give the appellant the opportunity to submit the complete bank statements for the two listed bank accounts, from August 1, 2020 to present, with an explanation of transactions of \$1,500.00 or more, and the vehicle registration. The appellant did not submit the requested verifications. The appellant has had over 6 months to get the requested documentation. MassHealth's action in denying the appellant's application for failure to submit requested verifications in a timely manner is upheld and the 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.

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Scott Bernard  
(Patricia Mullen, Deputy Director and  
Supervisor)  
Hearing Officer

Board of Hearings



MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616