

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2504094
<b>Decision Date:</b>	7/9/2025	<b>Hearing Date:</b>	04/15/2025
<b>Hearing Officer:</b>	Emily Sabo	<b>Record Open to:</b>	07/14/2025

**Appearance for Appellant:**



**Appearance for MassHealth:**

Wilfred Colón, Quincy 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>	7/9/2025	<b>Hearing Date:</b>	04/15/2025
<b>MassHealth's Rep.:</b>	Wilfred Colón	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center (Telephone)	<b>Aid Pending:</b>	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 15, 2025, MassHealth denied the Appellant's application for MassHealth benefits because MassHealth determined that the Appellant did not provide proof in the time allowed. 130 CMR 515.008, Exhibit 1, and Exhibit 5. The Appellant's representative filed this appeal in a timely manner on March 12, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied the Appellant's application for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that the Appellant did not provide proof in the time allowed in order for MassHealth to determine her eligibility?

## Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult over the age of 65 and has a household size of one. The MassHealth representative testified that the Appellant applied for MassHealth long-term care on December 17, 2024. The MassHealth representative testified that the December 17, 2024 submission included 46 pages but was missing several pieces of information. The MassHealth representative testified that MassHealth sent the Appellant requests for information on January 8, 2025, and March 1, 2025, respectively. Exhibits 5, 7, and 8. The MassHealth representative testified that MassHealth sent the Appellant a denial for failure to provide verifying information on April 7, 2025. Exhibit 9. One of the requested pieces of information was for a [REDACTED] stating that “this is a known asset to MassHealth[.] Send title or registration and/or excise tax[.] If you no longer own this asset send bill of sale with amount and show where the funds were deposited.” Exhibit 7 at 2; *see also* Exhibits 6, 8, and 9.

The Appellant’s representative verified the Appellant’s identity. The Appellant’s representative testified that after the December 2024 application, the Appellant had moved to a different long-term care facility. The Appellant’s representative testified that she had gathered some of the requested information but requested that the record be left open to provide the remaining information. The record was held open until May 15, 2025 for the Appellant’s submission and until May 29, 2025 for MassHealth’s review and response. Exhibit 13.

During the record open period, the Appellant’s representative submitted additional documentation. Exhibit 11. This included a signed letter from the Appellant dated April 30, 2025 and stating “My [REDACTED] was repossessed. This vehicle is no longer in my possession and I did not receive any money for it as it was taken back.” Exhibit 11 at 194. Upon review, the MassHealth representative raised questions about the materials submitted. Exhibit 13. As relevant here, he stated that the vehicle repossession “needs to be proven with documentation from the dealer and/or service that repossessed it” *Id.* at 13. The MassHealth representative explained that because the Appellant stated that the vehicle was repossessed, MassHealth would “need to know who owns the vehicle and has possession of it now,” in order to determine the Appellant’s eligibility. *Id.* at 11.<sup>1</sup>

The Appellant’s representative requested an extension to provide the vehicle repossession information. *Id.* at 10. The Appellant was granted an extension until June 16, 2025, and MassHealth until June 30, 2025. *Id.* at 9. Subsequently, the Appellant’s representative communicated that the Appellant’s “daughter has been having great difficulty getting any proof that car was repossessed” and requested an extension, which was granted until June 30, 2025. *Id.*

---

<sup>1</sup> The outstanding information other than the [REDACTED] was resolved by the Appellant’s submissions. *See* Exhibits 12 and 13.

at 8. MassHealth was then given until July 14, 2025 to respond. *Id.* at 7. On June 27, 2025, the Appellant's representative shared that [REDACTED] had mailed information on the vehicle but the facility had not received it; the Appellant's representative requested additional time. *Id.* at 6; *see also* Exhibit 14. In light of the number of extensions and length of the record open period, the hearing officer declined the request. Exhibit 13 at 3. As of July 7, 2025, the Appellant has not submitted additional evidence of the repossession beyond the April 30, 2025 letter and MassHealth has continued to deny the application on the grounds that it is missing information. *Id.* at 1-2.

## 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 with a household size of one. Testimony, Exhibit 4.
2. The Appellant applied for MassHealth long-term care on December 17, 2024. Testimony, Exhibit 5.
3. The Appellant's application was denied by MassHealth on January 15, 2025, for failure to submit requested information in the time allowed. Testimony, Exhibits 1 & 6.
4. The Appellant's representative filed a timely appeal with the Board of Hearings on March 12, 2025. Exhibit 2.
5. During the record open period, the Appellant's representative submitted the requested information to resolve the outstanding matters except for the [REDACTED] Exhibits 11, 12, & 13.
6. The Appellant provided a signed letter, dated April 30, 2025 stating "My [REDACTED] was repossessed. This vehicle is no longer in my possession and I did not receive any money for it as it was taken back." Exhibit 11 at 194.
7. The MassHealth representative responded that MassHealth would need additional verifying information regarding the [REDACTED] to be able to determine the Appellant's assets and eligibility. Exhibit 13.
8. The Appellant has not submitted additional evidence of the repossession beyond the April 30, 2025 letter.

## Analysis and Conclusions of Law

MassHealth regulations provide that:

516.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: *MassHealth: Universal Eligibility Requirements*, 130 CMR 518.000: *MassHealth: Citizenship and Immigration*, and 130 CMR 520.000: *MassHealth: Financial Eligibility*.

(A) Information Matches. The MassHealth agency initiates information matches with federal and state agencies and other informational services, as described at 130 CMR 516.004, when an application is received in order to verify eligibility.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

- (1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications.
- (2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.
- (3) A new application is required if a reapplication is not received within 30 days of the date of denial.

(E) Reasonable Opportunity to Verify Citizenship and Identity or Immigration Status. The MassHealth agency provides applicants and members a reasonable opportunity period to provide satisfactory documentary evidence of citizenship and identity or immigration status if MassHealth's electronic data matches are unable to verify the applicant's citizenship or immigration status.

(1) Time Standards. The reasonable opportunity period begins on, and extends 90 days from, the date on which an applicant or member receives a reasonable opportunity notice.

(2) Coverage Start Date.

(a) Coverage for individuals who receive a reasonable opportunity period begins on the date the Request for Information Notice is sent.

(b) If satisfactory documentary evidence of citizenship and identity or immigration status is received before the end of the reasonable opportunity period, retroactive coverage is

provided for the verified coverage type in accordance with 130 CMR 516.006.

(F) Reasonable Opportunity Extension. Applicants or members who have made a good faith effort to resolve inconsistencies or obtain verification of immigration status may receive a 90-day extension. Requests for a reasonable opportunity extension must be made before the expiration of the verification time period.

(G) Verification Exceptions for Special Circumstances. Except with respect to the verifications of citizenships and immigration status, the MassHealth agency will permit, on a case-by-case basis, self-attestation of individuals for all eligibility criteria when documentation does not exist at the time of application or renewal, or is not reasonably available, such as in the case of individuals who are homeless or have experienced domestic violence or a natural disaster.

130 CMR 516.003.

#### 515.008: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

130 CMR 515.008.

#### 520.007: Countable Assets

Countable assets are all assets that must be included in the determination of eligibility. Countable assets include assets to which the applicant or member or his or her spouse would be entitled whether or not these assets are actually received when failure to receive such assets results from the action or inaction of the applicant, member, spouse, or person acting on his or her behalf. In

determining whether or not failure to receive such assets is reasonably considered to result from such action or inaction, the MassHealth agency considers the specific circumstances involved. The applicant or member and the spouse must verify the total value of countable assets. However, if he or she is applying solely for MassHealth Senior Buy-In for Qualified Medicare Beneficiaries (QMB) as described in 130 CMR 519.010: *MassHealth Senior Buy-In for Qualified Medicare Beneficiaries (QMB)* or MassHealth Buy-In for Specified Low Income Medicare Beneficiaries (SLMB) or MassHealth Buy-In for Qualifying Individuals (QI) both as described in 130 CMR 519.011: *MassHealth Buy-In*, verification is required only upon request by the MassHealth agency. 130 CMR 520.007 also contains the verification requirements for certain assets. The assets that the MassHealth agency considers include, but are not limited to, the following.

....

(F) Vehicles as Countable Assets.

(1) Requirements. In determining the assets of an individual (and the spouse, if any), the countability of a vehicle is determined as follows.

(a) One vehicle per household is noncountable regardless of its value if it is for the use of the eligible individual or couple or a member of the eligible individual's or couple's household.

(b) The equity value of all other vehicles is a countable asset.

(2) Exemption.

(a) Three-month Exemption. The MassHealth agency does not count the value of nonexempt vehicles exceeding the asset limit for three calendar months provided the applicant or member signs an agreement with the MassHealth agency to dispose of the vehicles at fair-market value.

(b) Additional Exemption for Good Cause. The MassHealth agency may grant an additional three-month extension if the disposition was prevented by an event beyond the control of the individual who was making a good-faith effort to dispose of the property during the initial three-month period.

(c) Proceeds. The proceeds from the sale of the vehicle after payment of loans or other encumbrances and expenses of sale such as taxes, fees, and advertising costs are a countable asset in the month received and in subsequent months. The equity value of a vehicle that has not been sold three calendar months after the date of the written agreement (or six calendar months after the date of the written agreement if an extension has been granted) is a countable asset.

(d) Equity Value. Equity value is determined by subtracting the balance of any loans, liens, encumbrances, and expenses of sale, such as taxes, fees, and advertising costs, from the fair-market value of the vehicle.

(e) Fair-market Value. Fair-market value is the price for which the vehicle will sell on the open market.

(f) Verification. The applicant or member must verify the fair-market value and equity value of all vehicles. Verification must be a written document providing reasonable evidence of value. Acceptable verification includes, but is not limited to, the following:

1. the wholesale value (for cars and trucks) and finance value (for recreational

vehicles) tables in the most recent vehicle valuation book that is used by the MassHealth agency;

2. the low value in an older car valuation book (for cars and trucks). If the car or truck is too old to be listed in an older car valuation book, the MassHealth agency will assign a value of \$250;

3. the written appraisal of a licensed automobile dealer who deals with classic, custom-made, or antique vehicles, if the vehicle is considered a classic, custom-made, or antique; or

4. for recreational vehicles, the projected loan value as quoted by a bank or other lending institution; documents showing the value of the vehicle for insurance purposes; or a written estimate of the cash value of the vehicle from a licensed recreational vehicle dealer.

(g) Specialty Equipped Vehicles. Special equipment for the handicapped, other optional equipment, or low mileage do not increase the value of the vehicle.

130 CMR 520.007(F).

#### 520.016: Long-term Care: Treatment of Assets

130 CMR 520.016 describes the treatment of countable assets when one member of a couple is institutionalized, the post-eligibility transfer of assets, and the allowable income deductions for applicants and members who are residents of a long-term-care facility.

(A) Institutionalized Individuals. The total value of assets owned by an institutionalized single individual or by a member of an institutionalized couple must not exceed \$2,000.

(B) Treatment of a Married Couple's Assets When One Spouse Is Institutionalized.

(1) Assessment.

(a) Requirement. The MassHealth agency completes an assessment of the total value of a couple's combined countable assets and computes the community spouse's asset allowance as of the date of the beginning of the most recent continuous period of institutionalization of one spouse.

(b) Right to Request an Assessment. When one spouse has entered a medical institution and is expected to remain institutionalized for at least 30 days, either spouse may request the MassHealth agency to make this assessment, even if the institutionalized spouse is not applying for MassHealth Standard at that time. The period of institutionalization must be continuous and expected to last for at least 30 days.

(c) Right to Appeal. The MassHealth agency must give each spouse a copy of the assessment and the documentation used to make such assessment. Each spouse must be notified that he or she has the right to appeal the determination of countable assets and the community spouse's asset allowance when the institutionalized spouse (or

authorized representative) applies for MassHealth Standard.

(2) Determination of Eligibility for the Institutionalized Spouse. At the time that the institutionalized spouse applies for MassHealth Standard, the MassHealth agency must determine the couple's current total countable assets, regardless of the form of ownership between the couple, and the amount of assets allowed for the community spouse as follows. The community spouse's asset allowance is not considered available to the institutionalized spouse when determining the institutionalized spouse's eligibility for MassHealth Standard.

(a) Deduct the community spouse's asset allowance, based on countable assets as of the date of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse, from the remaining assets. The community spouse's asset allowance is the greatest of the following amounts:

1. the combined total countable assets of the institutionalized spouse and the community spouse, not to exceed \$109,560;
2. a court-ordered amount; or
3. an amount determined after a fair hearing in accordance with 130 CMR 520.017.

(b) Compare the amount of the remaining assets to the MassHealth asset standard for one person, which is \$2,000. When the amount of the remaining assets is equal to or below \$2,000, the institutionalized spouse has met the asset test of eligibility.

(3) Post-eligibility Transfer of Assets.

(a) To meet the needs of the community spouse and to allow the continuing eligibility of the institutionalized spouse, the MassHealth agency allows the institutionalized spouse, after he or she has been determined eligible for MassHealth Standard, to transfer assets to or for the sole benefit of the community spouse in accordance with 130 CMR 520.016(B)(1) and (2).

(b) The institutionalized spouse must transfer any of his or her assets that are part of the community spouse's asset allowance no later than 90 days immediately after the date of the notice of approval for MassHealth Standard. During this 90-day period, the MassHealth agency

1. will continue to exclude these assets in the determination of continuing eligibility; and
2. will not apply the transfer rules in 130 CMR 520.018 and 520.019 to the assets transferred to the community spouse.

(c) The MassHealth agency may extend the 90-day period if any of the following conditions exist:

1. the court is involved in assigning the couple's property through support actions;
2. an appeal of the asset allowance has been filed with the Office of Medicaid Board of Hearings; or
3. the condition of the institutionalized spouse requires the appointment of a conservator or guardian to act on his or her behalf.

(d) The amount of the transferred assets added to the assets owned by the community spouse cannot exceed the community spouse's asset allowance as defined in

130 CMR 520.016(B)(2).

(e) After the initial 90-day period or the extension is over, the MassHealth agency counts all assets that remain in the institutionalized spouse's name in determining his or her eligibility.

(4) Retroactive Eligibility. In determining the eligibility of the institutionalized spouse for the three-month retroactive period before application in a continuous period of institutionalization, the MassHealth agency deducts the amount defined in 130 CMR 520.016(B)(2) from the couple's total countable assets.

(5) Eligibility of the Community Spouse. The amount defined in 130 CMR 520.016(B)(2) must be counted in determining the community spouse's eligibility for MassHealth.

130 CMR 520.016.

MassHealth denied the Appellant's MassHealth long-term care application on the grounds that the Appellant failed to submit the necessary information to determine the Appellant's eligibility. 130 CMR 515.008(A). During the record open period, the Appellant submitted the requested information, except for sufficient information related to the value and disposition of the [REDACTED]. In reviewing the case, no evidence was presented to suggest that a special circumstance such as homelessness, domestic violence, or natural disaster exists for the verification of the Appellant's eligibility factors. 130 CMR 516.003(G). The January 15, 2025 denial notice specifies that MassHealth was seeking information on the [REDACTED] stating that "this is a known asset to MassHealth[.] Send title or registration and/or excise tax[.] If you no longer own this asset send bill of sale with amount and show where the funds were deposited." Exhibit 1 at 3. The record was held open and extended for the Appellant to provide this information and the Appellant did not submit the requested information necessary to allow MassHealth to determine her eligibility. The April 30, 2025 letter from the Appellant does not provide sufficient verifying information as outlined in 130 CMR 520.007(F)(2)(f). Therefore, the Appellant has not demonstrated that MassHealth erred in denying the Appellant's MassHealth application by notice dated January 15, 2025. 130 CMR 515.008(A). Accordingly, 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.

---

Emily Sabo  
Hearing Officer  
Board of Hearings

[REDACTED]

[REDACTED]

[REDACTED]

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104