

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504269
Decision Date:	7/17/2025	Hearing Date:	04/18/2025
Hearing Officer:	Kimberly Scanlon	Record Open to:	05/30/2025

Appearances for Appellant:



Appearance for MassHealth:

Jernice Diaz – Taunton 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

Appeal Decision:	Denied	Issue:	Eligibility; Over 65; Long-term care; Verifications
Decision Date:	7/17/2025	Hearing Date:	04/18/2025
MassHealth's Rep.:	Jernice Diaz	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton MassHealth Enrollment Center (Remote)	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 February 25, 2025, MassHealth notified the appellant that she was not eligible to receive MassHealth benefits because she did not submit the information it needed to decide her eligibility within the required timeframe (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on or about March 12, 2025 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence and for MassHealth to review and respond (Exhibit 9).

Action Taken by MassHealth

MassHealth notified the appellant that she was not eligible to receive MassHealth benefits because she did not submit the information needed to determine her eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that she was not eligible for MassHealth benefits because she did not submit the information needed to determine her eligibility within the required timeframe.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is over the age of [REDACTED] and she was admitted to the nursing facility in [REDACTED]. The facility is requesting a start date of October 11, 2024. On January 2, 2025, MassHealth received the appellant's application for long-term care benefits. On January 21, 2025, MassHealth notified the appellant that additional information was needed to determine her eligibility, which was due by February 20, 2025. (See, Exhibit 8, pp. 7-10). MassHealth did not receive the requested information. On February 25, 2025, MassHealth sent the appellant a denial notice for failure to submit the requested documentation needed to determine her eligibility (Exhibit 1). On March 24, 2025, MassHealth received some of the requested verifications (Testimony; Exhibits 6-7, Exhibit 8, p. 1). As of the date of the hearing, the following verifications were still outstanding:

- Proof that that the appellant applied for social security;
- Bank statements from a CD account from October 1, 2023 through current, verifying all transactions of \$1,500 or more and all recurring transactions with receipts/sources/invoices, copies of checks with receipts/sources/invoices, verifying total assets are \$ 2000 or less with proof of spenddown;
- Bank statements from a checking account from July 1, 2022 through November 1, 2022 and from September 1, 2023 through current, verifying all transactions of \$1,500 or more and all recurring transactions with receipts/sources/invoices, copies of checks with receipts/sources/invoices, verifying total assets are \$ 2000 or less with proof of spenddown.

(Testimony; Exhibit 8).

The appellant and her representatives appeared at the hearing by telephone and testified as follows: they requested the CD statements from the appellant's bank but have not received them yet; however, they plan to follow up with their request to obtain a closing statement. Additionally, they visited the Social Security Administration (SSA) portal online to find proof that the appellant submitted a social security application, to no avail. They attempted to file another application but the SSA portal would not allow a subsequent application to be submitted because the appellant had already applied. The appellant and her representative have an upcoming appointment with the SSA in the upcoming weeks and will obtain proof that the appellant applied for social security at that time. The MassHealth representative stated that a screenshot of the SSA portal which

shows the appellant's application is pending is acceptable to MassHealth. The appellant's son asked if MassHealth received proof of utility payments; the MassHealth representative confirmed that she received all documentation that was submitted on behalf of the appellant. The MassHealth representative asked if the facility sought a new start date because the appellant's documentation included a new long-term care application; the appellant's representative clarified that the facility's October 11, 2024 requested start date remains unchanged. The appellant asked about an upcoming medical appointment; the MassHealth representative confirmed that the appellant is not currently active with MassHealth coverage. She suggested that the appellant contact her provider to discuss her options.

Following the hearing, the record was left open for a brief period to allow the appellant additional time to submit the outstanding verifications to MassHealth, and for MassHealth to review all submissions (Exhibit 9). The MassHealth representative subsequently responded that she received some, but not all, of the requested verifications that are needed to determine the appellant's eligibility. (Exhibit 8, p. 1). She noted the following verifications remain outstanding: verifications for all transactions of \$1500 or more from the appellant's checking account (Exhibit 18, p. 16).¹

Findings of Fact

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

1. The appellant is over the age of [REDACTED] and she was admitted to the nursing facility.
2. On January 2, 2025, MassHealth received the appellant's application for long-term care benefits.
3. On January 21, 2025, MassHealth notified the appellant that additional information was needed to determine eligibility, which was due by February 20, 2025. MassHealth did not receive the requested documentation.
4. On February 25, 2025, MassHealth notified the appellant that she was not eligible to receive long-term care benefits because she did not submit the requested documentation needed to determine her eligibility.
5. The appellant timely appealed this MassHealth action.
6. On March 24, 2025, MassHealth received some of the requested documentation.
7. As of the hearing date, the following verifications were still outstanding:

¹ MassHealth's representative was out of the office during the record open period; the verifications were ultimately reviewed by the manager of the intake unit.

- Proof that that the appellant applied for social security;
 - Bank statements from a CD account from October 1, 2023 through current, verifying all transactions of \$1,500 or more and all recurring transactions with receipts/sources/invoices, copies of checks with receipts/sources/invoices, verifying total assets are \$ 2000 or less with proof of spenddown;
 - Bank statements from a checking account from July 1, 2022 through November 1, 2022 and from September 1, 2023 through current, verifying all transactions of \$1,500 or more and all recurring transactions with receipts/sources/invoices, copies of checks with receipts/sources/invoices, verifying total assets are \$ 2000 or less with proof of spenddown.
8. Following the hearing, the record was left open for the appellant to submit the outstanding verifications and for MassHealth to review all submissions.
 9. The MassHealth representative subsequently indicated that she received some, but not all the requested verifications needed to determine the appellant's eligibility. The following request remains outstanding: verifications for all transactions of \$1500 or more from the appellant's checking account.

Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all rules and regulations of MassHealth, including recovery or maintaining other health insurance. (See, 130 CMR 515.008).

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (See, 130 CMR 516.001). 130 CMR 516.019(B) provides the following, with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of 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(C) sets forth the process regarding the receipt of corroborative information and provides as follows:

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.

In the present case, the appellant was granted a post-hearing record-open period to submit the outstanding information described above. Despite the additional time granted, the appellant submitted some, but not all, of the outstanding information. Specifically, the appellant has not submitted the following: verifications for all transactions of \$1500 or more from the appellant's checking account. Without all requested information, the appellant has not fulfilled her obligations under 130 CMR 516.001. The action taken by MassHealth was within the regulations. This 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

[REDACTED]

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