

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2504629
Decision Date:	7/21/2025	Hearing Date:	04/22/2025
Hearing Officer:	Sharon Dehmand	Record Open to:	07/14/2025

Appearance for Appellant:




Appearance for MassHealth:

Jamie Lapa, Springfield 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:	Long Term Case; Verifications
Decision Date:	7/21/2025	Hearing Date:	04/22/2025
MassHealth's Rep.:	Jamie Lapa	Appellant's Rep.:	
Hearing Location:	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 January 27, 2025, MassHealth denied the appellant's application for MassHealth long-term care services because MassHealth determined that the appellant did not provide necessary information MassHealth requires to decide the appellant's eligibility within the required time frame. See 130 CMR 515.008 and Exhibit 1. The appellant filed this appeal in a timely manner on March 20, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

Action Taken by MassHealth

MassHealth denied the appellant's application for long-term-care services in a nursing facility.

Issue

Whether MassHealth was correct in denying the appellant's application for MassHealth long-term care benefits pursuant to 130 CMR 515.008.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Springfield MassHealth Enrollment Center. The appellant was represented by his appeal representatives who confirmed his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that a long-term care application was submitted on the appellant's behalf on December 12, 2024, seeking coverage to begin on November 27, 2024. The appellant's representatives testified that the appellant was originally admitted to the long-term-care facility on [REDACTED] 2024, but was released to [REDACTED] for a short period of time. He returned to the nursing facility on [REDACTED] 2025, where he has remained since.

The MassHealth representative stated that some verifications were submitted with the application, however, the following verifications remained outstanding: 1) verification from [REDACTED] regarding whether there is a refund due to the appellant; 2) [REDACTED] statements for account [REDACTED] from February 1, 2025 through the requested coverage date including verifications of sources of deposits, cleared checks, disposition of withdrawals; 3) verifications of the source of the "following deposits: \$2918.35 [on] 5/14/24, \$6797.36 [on] 11/21/24, \$22775.93 [on] 12/18/24, \$31186.78 [on] 1/14/25....and disposition ofwithdrawal: \$4500 [on] 11/13/24." 4) [REDACTED] statements for account [REDACTED] from February 1, 2025 through the requested coverage date including verifications of sources of deposits, cleared checks, and disposition of withdrawals; 5) nursing facility screening; 6) SC-1; and 7) private pay statement. See Exhibit 4.

The MassHealth representative stated that MassHealth has received two of the verifications requested. She said that the request regarding the disposition of the withdrawal of \$4500.00 has been satisfied. However, the verification regarding the source of the \$6797.36 deposit revealed that it was from the closing of two other undisclosed accounts. The MassHealth representative requested statements from those two accounts "from 1/1/24 to closing." She said that the initial request by MassHealth included verifications of bank statements from all accounts in the appellant's name including all closed accounts. The appellant's representative agreed and stated that the appellant's daughter had not disclosed the closed accounts until recently. She further agreed to provide all requested verifications.

The record was held open until May 13, 2025, for the appellant to submit the missing verifications, and until May 20, 2025, for MassHealth to review and respond. See Exhibit 5, p.1. On or about May 6, 2025 and May 13, 2025, the appellant submitted a few verifications. See Exhibit 6. Through an email on May 15, 2025, MassHealth responded that based on the submissions, MassHealth determined that there were two undisclosed annuities. The MassHealth representative requested statements from the two annuities "from 1/1/24 through closing." See Exhibit 7. She added that MassHealth was "still missing the verification regarding the source of \$2918.25 deposit on 5/14/24." See id.

An extension to the record open period was allowed to June 10, 2025, for the appellant and until June 17, 2025, for MassHealth. See Exhibit 5, p.3. Through an email on June 18, 2025, the MassHealth representative stated that the statement for one of the two annuities is still outstanding, and the source of the \$2918.35 deposit is still not verified. See Exhibit 7. The appellant's representative responded that they "have requested statements from [the annuity company] multiple times and received the same response. I don't know why they will not send us those statements, but the daughter and I have requested them several times. Regarding the deposit the daughter does not know and when I asked [the appellant] he was confused and could not remember." See id. at 9. The appellant's representative requested additional time to submit the two outstanding items. An extension to the record open period was allowed to July 7, 2025, for the appellant and until July 14, 2025, for MassHealth. See Exhibit 5, p. 5. No other verifications were submitted by the appellant. See id. at 15.

Findings of Fact

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

1. The appellant is over the age of 65 and lives in a long-term care facility. (Testimony).
2. On December 12, 2025, a long-term care application for the appellant was received. (Testimony and Exhibit 4).
3. The appellant is requesting the coverage start date of November 27, 2024. (Testimony).
4. On January 27, 2025, MassHealth denied the appellant's application for MassHealth long-term care services because MassHealth determined that the appellant did not provide necessary information MassHealth requires to decide the appellant's eligibility within the required time frame. (Testimony and Exhibit 1).
5. MassHealth determined that the following verifications remained outstanding: 1) verification from [REDACTED] regarding whether there is a refund due to the appellant; 2) [REDACTED] statements for account [REDACTED] from February 1, 2025 through the requested coverage date including verifications of sources of deposits, cleared checks, disposition of withdrawals; 3) verifications of the source of the "following deposits: \$2918.35 [on] 5/14/24, \$6797.36 [on] 11/21/24, \$22775.93 [on] 12/18/24, \$31186.78 [on] 1/14/25....and disposition ofwithdrawal: \$4500 [on] 11/13/24." 4) [REDACTED] statements for account [REDACTED] from February 1, 2025 through the requested coverage date including verifications of sources of deposits, cleared checks, and disposition of withdrawals; 5) nursing facility screening; 6) SC-1; and 7) private pay statement. (Testimony and Exhibit 1).

6. The appellant filed this appeal in a timely manner on March 30, 2025. (Exhibit 2).
7. As of the hearing on April 22, 2025, the appellant had not provided the outstanding verifications enumerated by MassHealth. (Testimony).
8. The record was held open until May 13, 2025, for the appellant to submit the missing verifications and for MassHealth to respond to the submissions. (Exhibit 5).
9. On May 21, 2025, and June 18, 2025, the appellant's representative requested two additional extensions of time to the record open period which were granted. (Exhibit 5 and Exhibit 7).
10. The record was held open until July 7, 2025, for the appellant to submit the missing verifications and for MassHealth to respond to the submissions. (Exhibit 5).
11. A number of verifications were submitted by the appellant's representative. (Exhibit 6).
12. Through an email on June 18, 2025, the MassHealth representative stated that the statement for one of the two annuities is still outstanding, and the source of the \$2918.35 deposit is still not verified. (Exhibit 7).
13. No other verifications were submitted by the appellant's representative. (Exhibit 7).
14. At least one verification from MassHealth's initial request for verification remains outstanding, namely: source of the \$2918.35 deposit on 5/14/24.

Analysis and Conclusions of Law

MassHealth administers, and is responsible for, the delivery of healthcare benefits to MassHealth members. See 130 CMR 515.002. Eligibility for MassHealth benefits differs depending on an applicant's age. Regulations 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, and certain Medicare beneficiaries. See 130 CMR 515.002(B).

In this case, the appellant is over the age of 65 and resides in a nursing facility. As such he is an institutionalized person of any age and subject to the requirements of the provisions of Volume II. See 130 CMR 515.002.

In order to determine an appellant's eligibility, it is incumbent upon an applicant to cooperate with MassHealth and provide necessary information for a determination:

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.

See 130 CMR 515.008.

Here, there is no dispute that MassHealth required additional information to determine eligibility. Despite the request for additional information, ultimately MassHealth did not receive the information required for determination. See 130 CMR 516.001(B); Exhibit 1. A Notice of denial was sent to the appellant in accordance with the regulations. See 130 CMR 516.001 (C); Exhibit 1.

During the hearing held on April 22, 2025, the MassHealth representative testified that the following items were still outstanding: 1) verification from [REDACTED] regarding whether there is refund due to the appellant; 2) [REDACTED] statements for account [REDACTED] from February 1, 2025 through the requested coverage date including verifications of sources of deposits, cleared checks, disposition of withdrawals; 3) verifications of the source of the "following deposits: \$2918.35 [on] 5/14/24, \$6797.36 [on] 11/21/24, \$22775.93 [on] 12/18/24, \$31186.78 [on] 1/14/25....and disposition ofwithdrawal: \$4500 [on] 11/13/24." 4) [REDACTED] statements for account [REDACTED] from February 1, 2025 through the requested coverage date including verifications of sources of deposits, cleared checks, and disposition of withdrawals; 5) nursing facility screening; 6) SC-1; and 7) private pay statement. The record was left open until May 20, 2025, for the appellant to submit the outstanding verifications and for MassHealth to respond to the submissions. See 130 CMR 610.004(record open is a period of time determined by the hearing officer that, if allowed by the hearing officer within his or her discretion, permits either party to a fair hearing the opportunity to submit post-hearing documentation, relevant evidence, or legal arguments); Exhibit 5.

During the record open period, the appellant's representative submitted a few verifications. See Exhibit 6. Based on the appellant's submissions, two unreported annuities were discovered by MassHealth. Accordingly, the MassHealth representative requested statements from those two undisclosed annuities. See Exhibit 7. Through an email on June 18, 2025, the MassHealth representative stated that the statements for one of the two annuities are still outstanding, and the source of the \$2918.35 deposit is still not verified. See Exhibit 7. Further extensions were requested and granted until July 14, 2025. See 130 CMR 610.065(A)(4). No other verifications were submitted by the appellant's representative. See id. at 15.

Based on my review of the record, the appellant's representative has submitted all verifications requested except for two items, namely: statements from one of the two undisclosed annuities and the source of the \$2,918.35 deposit on 5/14/24. Of those two outstanding items, only the source of the \$2,918.35 deposit was requested in the MassHealth notice dated January 27, 2025. As such, a new request for information notice should be issued by MassHealth requesting verifications and the deadline for submission of the requested verification. See 130 CMR 516.003(C). Regardless of the aforementioned, the appellant has failed to provide the verification for the source of the \$2,918.35 deposit on 5/14/24. Through an email dated June 6, 2025, the appellant's representative acknowledged that the appellant is unable to provide the source of the said deposit. See Exhibit 7 at 9. The appellant's representative requested additional time to locate the source which was granted. However, no additional verifications were submitted.

An Appellant has a duty to cooperate with MassHealth and provide necessary information. See 130 CMR 515.008(A). An Appellant must provide corroborative information for MassHealth to determine eligibility. See generally 130 CMR 516.001. Moreover, an appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2006). Here, the appellant's representative agreed to provide the missing verifications but despite being given multiple extensions of time to the record open period lasting almost three months failed to do so. Accordingly, I find that MassHealth correctly determined that the appellant did not provide the necessary information required to decide eligibility within the required time frame.

For the foregoing reasons, this appeal is DENIED.¹

Order for MassHealth

None.

¹ Any subsequent MassHealth notices will carry their own separate appeal rights.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings



MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186