

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504774
Decision Date:	7/15/2025	Hearing Date:	04/09/2025
Hearing Officer:	Amy B. Kullar, Esq.	Record Open to:	05/26/2025; 06/26/2025; 07/03/2025

Appearance for Appellant:



Appearance for MassHealth:

Jenny Chan, Quincy MassHealth Enrollment Center

Interpreter:



*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>	7/15/2025	<b>Hearing Date:</b>	04/09/2025
<b>MassHealth's Rep.:</b>	Jenny Chan	<b>Appellant's Rep.:</b>	Daughter
<b>Hearing Location:</b>	Quincy Harbor South 2 (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 February 20, 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 within the required timeframe. *See* 130 CMR 515.008; Exhibit 1. The appellant filed this appeal in a timely manner, having submitted a request for fair hearing on March 20, 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 under the age of 65 who was represented at hearing by her authorized representative, her daughter. The appellant's daughter verified the appellant's identity; she was assisted by a Spanish interpreter. 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 January 6, 2025, an application for MassHealth LTC benefits was filed on the appellant's behalf; a request for additional information was sent to the appellant on January 15, 2025.<sup>1</sup> The LTC application was then denied for missing verifications on February 20, 2025. The LTC application was then relogged, as some verifications were submitted to MassHealth on March 21, 2025; the original application date was preserved, and a new Request for Information was sent to the appellant on April 1, 2025. The final due date for the outstanding items requested in the April 1 letter was May 1, 2025. MassHealth is unable to make a final determination as to the appellant's eligibility for LTC MassHealth because her application is still incomplete. As of the date of hearing, there are still verifications regarding two of the appellant's bank accounts that are outstanding from the February 20, 2025 denial notice:

### **Proof of Bank Account Information from Checking Account**

- XXXXX – bank statements 5/8/24 to present date; AND
- XXXXX – bank statements 1/1/24-present date

Testimony and Exhibit 5.

The appellant's daughter did not dispute the MassHealth representative's testimony, and acknowledged that her mother is not yet a resident of a long term care facility and that the verifications for the appellant's bank accounts were still outstanding. She was told that her mother cannot enter a long-term care facility until she is eligible for LTC MassHealth, and this is one of the many difficulties she is experiencing as she tries to help her mother. Testimony. The appellant's daughter explained that her challenge with the outstanding bank statements is that the bank is located in the appellant's former home in Testimony. The appellant's daughter stated that until her mother became ill in the last year or so, she had no knowledge of the existence of these bank accounts and did not know that her mother owned any bank accounts in The appellant is not the sole owner of these bank accounts; she is a co-owner with her many siblings who live in and she is not controlling these accounts. The appellant's daughter is not an authorized user on her mother's accounts and she has had

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<sup>1</sup> The MassHealth representative noted that she does not know the requested start date for benefits because the appellant is not yet a resident of a long-term care facility. Testimony.

significant difficulties in dealing with her family members, the bank, and legal authorities as she has attempted to assist her mother in applying for LTC MassHealth. Testimony. She feels that she has made significant efforts to access her mother's bank accounts in [REDACTED] but she is unable to access the information that MassHealth is seeking.

At this point in the hearing, there was a discussion among the parties and the Hearing Officer regarding how the appellant may be able to obtain the outstanding bank statements from the bank in [REDACTED]. The Hearing Officer determined that she would issue a subpoena duces tecum to the bank in [REDACTED] requesting the outstanding statements.

The hearing then concluded and it was agreed that the record would be held open until May 26, 2025; the appellant would provide contact information for the bank in [REDACTED] to the Hearing Officer, and the Hearing Officer would then issue a subpoena to the bank for the outstanding statements. Exhibit 6. On April 17, 2025, the Hearing Officer issued the subpoena to the bank. Exhibit 8. On May 2, 2025, a submission was received at the Board of Hearings from the bank; the Hearing Officer shared this submission with all parties. Exhibit 9. The submission from the bank was received at the Board of Hearings in the form of paper statements and an accompanying DVD disc with additional statements allegedly contained therein. After several weeks, Board of Hearings staff were unable to extract any files from the DVD disc. Exhibit 10. MassHealth was granted until June 18, 2025 to process the statements that were received in the bank's submission. Exhibit 11. On June 20, 2025, MassHealth emailed the following to the appellant's representative and the Hearing Officer:

I have reviewed the documents submitted and the following have not yet been verified.

[REDACTED] account ending in [REDACTED]

- Bank statements received from 1/19/2023 to 4/18/2024 and 5/17/2024 to 6/18/2024.
- Please provide missing bank statements from 4/19/2024 to 5/17/2024 and 6/19/2024 to closing. (This account reported closed on 9/17/2024)
- Proof such as bills, receipts, invoices or source of deposits are needed for the following transactions:
  - 1/26/2023 Withdrawal \$3000 – No information provided for this withdrawal
  - 1/30/2023 Deposit \$1600 – Please provide proof for the source of deposit
  - 5/3/2023 Withdrawal \$25,000 – No information provided for this withdrawal
  - 5/30/2023 Deposit \$22,520 – Please provide proof for the source of deposit
  - 11/9/2023 Withdrawal \$2000 – No information provided for this

withdrawal

- 1/16/2024 Withdrawal \$2700 – No information provided for this withdrawal
- 1/19/2024 Withdrawal \$5000 – No information provided for this withdrawal
- 1/24/2024 Withdrawal \$20,000– No information provided for this withdrawal
- 1/26/2024 Deposit \$10,000 – Please provide proof for the source of deposit
- 3/13/2024 Withdrawal \$3450.53 – No information provided for this withdrawal

██████████ account ending in ██████████

- Bank statements received from 1/29/2024 to 5/7/2024, however no proof such as bills, receipts or invoices provided for the following transactions:
  - 2/8/2024 Withdrawal \$7000 – Reported transfer to account ending in ██████████
  - 3/13/2024 Withdrawal \$5186.83 – Reported transfer to account ending in ██████████
  - 3/18/24 Withdrawal \$10,000 – Reported transfer to account ending in ██████████
  - 3/22/24 Withdrawal \$3000 – No information provided for this withdrawal
  - 3/25/24 Withdrawal \$3607.43 – Reported transfer to account ending in ██████████
  - 3/26/24 Withdrawal \$3010 – No information provided for this withdrawal
  - 5/7/2024 Withdrawal \$2326.39 – No information provided for this withdrawal
  - Hence there are fund transfer to unknow/unreported bank account, please provide proof for account ownership for account ending in ██████████ and ██████████

Due to missing verification, MassHealth decision remains for failure to submit verification.

Exhibit 12.

The record was extended to July 3, 2025, so that the appellant's daughter could try to gather additional information. Exhibit 13. On June 26, 2025, the appellant's daughter emailed the Hearing Officer and the MassHealth representative that she was in the same position that she has been in since April, and she does not have access to these statements. Exhibit 14. After MassHealth

confirmed that its position was unchanged, “Due to missing verification, MassHealth decision remains for failure to submit verification,” on June 30, 2025, the Hearing Officer closed the administrative record. Exhibit 15.

## Findings of Fact

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

1. The appellant is an adult under the age of 65.
2. On January 26, 2025, an application for MassHealth Long-Term care benefits was filed on the appellant’s behalf. Testimony, Exhibit 5.
3. On February 20, 2025, the appellant’s application was denied for failure to provide verification information after a request for information by MassHealth. Exhibits 1 & 5, Testimony.
4. The appellant filed a timely appeal on March 20, 2025. Exhibit 2.
5. Following the appeal hearing, the appellant’s representative requested that Hearing Officer issue a subpoena to the appellant’s bank in [REDACTED] and that the record be kept open until May 26, 2025 for submission of missing verifications, which was granted. Testimony, Exhibit 6.
6. During the record open period, the appellant’s representative requested an extension of the open record period, until July 3, 2025, for the submission of missing verifications, which the Hearing Officer granted. Exhibit 7.
7. As of the issuance of this decision, the following verifications are still outstanding:
  - [REDACTED] **Accounts:**
    - account ending in [REDACTED] please provide missing bank statements from 4/19/2024 to 5/17/2024 and 6/19/2024 to closing. (This account reported closed on 9/17/2024); and
    - account ending in [REDACTED] Bank statements received from 1/29/2024 to 5/7/2024; must verify:
      - 2/8/2024 Withdrawal \$7000 – Reported transfer to account ending in [REDACTED]
      - 3/13/2024 Withdrawal \$5186.83 – Reported transfer to account ending in [REDACTED]

- 3/18/24 Withdrawal \$10,000 – Reported transfer to account ending in [REDACTED]
- 3/22/24 Withdrawal \$3000 – No information provided for this withdrawal
- 3/25/24 Withdrawal \$3607.43 – Reported transfer to account ending in [REDACTED]
- 3/26/24 Withdrawal \$3010 – No information provided for this withdrawal
- 5/7/2024 Withdrawal \$2326.39 – No information provided for this withdrawal
- Hence there are fund transfer to unknow/unreported bank account, please provide proof for account ownership for account ending in [REDACTED] and [REDACTED]

## 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, despite ample extra time, 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 January 6, 2025.

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.

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

[REDACTED]

cc: MassHealth Representative: Quincy MEC, Attn: Cassandra Moura, Appeals Coordinator,  
100 Hancock Street, 6th Floor, Quincy, MA 02171