Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied Appeal Number: 2504933

Decision Date: 07/18/2025 **Hearing Date:** 4/29/2025

Hearing Officer: Cynthia Kopka Record Open to: 7/16/2025

Appearances for Appellant:

Appearance for MassHealth:

Yisell Medina, 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: Long term care

eligibility, verifications

Decision Date: 07/18/2025 **Hearing Date:** 4/29/2025

MassHealth's Rep.: Yisell Medina Appellant's Rep.:

Hearing Location: Charlestown Aid Pending: No

(remote)

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

By notice dated January 31, 2025, MassHealth denied Appellant's application for MassHealth because Appellant failed to submit required information. Exhibit 1. Appellant filed this appeal in a timely manner on March 25, 2025. Exhibit 2, 130 CMR 610.015(B). Denial of assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open and extended at Appellant's request through July 16, 2025 for Appellant to submit additional evidence. Exhibits 5, 6, 9, 10.

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth benefits because Appellant failed to submit required verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in denying Appellant's application for failure to provide requested verifications.

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Summary of Evidence

A MassHealth eligibility representative appeared by phone and testified as follows. MassHealth received Appellant's re-application for long-term care benefits on December 20, 2024. MassHealth sent Appellant's representative a request for information (RFI) on December 27, 2024, with information due January 26, 2025. Exhibit 4 at 15. Appellant seeks long term care coverage beginning September 27, 2024.

On January 31, 2025 MassHealth denied Appellant's application for failing to submit the corroborative information requested. Exhibit 1. In order to process Appellant's application, MassHealth needs the following information as listed on the December 27, 2024 RFI:

- checking account ending Full bank statements dated June 2022 to present, including verification of all transactions \$1,000 or greater and all recurrent transactions with copies of checks, receipts, bills, sources, invoices, credit card payments. Verification of all closed accounts in the past 60 months.
- verification of the type of insurance policy (whole life or term), the face value, and the up-to-date cash surrender value.
- checking account ending
 proof of ownership of the bank account discovered in data match report. Full bank statements dated June 2022 to present, including verification of all transactions \$1,000 or greater and all recurrent transactions with copies of checks, receipts, bills, sources, invoices, credit card payments. If closed, provide a letter from the bank indicating that the account is closed and verification of the disposition of the proceeds.

Exhibit 4 at 3.

Appellant's daughter, his representative, appeared by phone with a representative of the nursing facility and testified as follows. Appellant's representative requested additional time to provide the bank statements and verification of the life insurance policy. Appellant's life insurance was set up through and and Appellant's representative was working on getting the verification of the value. Regarding the Appellant's representative testified that it was open but never used, and she suspects it may have been fraudulent. Appellant's representative requested more time to get the letter from confirming this.

The hearing record was held open through May 16, 2025 for Appellant's representative to provide the remaining verifications, and through May 23, 2025 to review and respond. Exhibit 5. During the record open period, Appellant's representative requested and received multiple extensions of the record open period, to May 30, 2024; June 2, 2025; and June 4, 2025. Exhibit 6. On June 4, 2025, Appellant's representative submitted statements. Exhibit 7.

but was still missing statements for the period of June 2022 through December 2023. MassHealth did not receive the verifications. Exhibit 8. On June 12, 2025, Appellant's representative confirmed that she will be able to obtain the missing statements verification, and verification with another extension of the record-oper period. Exhibit 9 at 1. Appellant's representative wrote that she was attempting to get a letter from verifying that the account in question was not Appellant's. <i>Id.</i> The hearing record was extended to June 27, 2025. <i>Id.</i> at 55.
Appellant's representative requested another extension of the record open and was given a fina extension to July 7, 2025. <i>Id.</i> at 5. On July 7, 2025, Appellant's representative submitted statements for 2022 and 2023. <i>Id.</i> at 7-52. On July 14, 2025, the MassHealth representative confirmed receipt of the Winter Hill verifications, but still required the verifications. Exhibit 10 at 3.
On July 14, 2025, Appellant's representative requested another extension, writing that she was waiting for a letter from showing that Appellant did not have an account, as well as verification of the value of the account. <i>Id.</i> at 7. Rather than granting another extension, the hearing officer held the record open through July 16, 2025 for Appellant's representative to provide documentation of her efforts in obtaining the verification and the verification, either by providing copies of letters sent or a sworn affidavit. <i>Id.</i> at 2. The hearing officer wrote that the last extension request would be denied without the requested documentation showing diligent efforts to obtain the documents since the hearing date. <i>Id.</i> Appellant's representative did not provide the requested proof or affidavit by July 16, 2025.
Findings of Fact
Based on a preponderance of the evidence, I find the following:
 On December 20, 2024, MassHealth received Appellant's re-application for long-term care benefits, seeking coverage beginning September 27, 2024.
2. On December 27, 2024, MassHealth issued an RFI to Appellant with information due January 26, 2025. The request for information includes the request for the

3. On January 31, 2025 MassHealth denied Appellant's application for failing to submit the corroborative information requested. Exhibit 1.

and

policy verification. Exhibit 4

4. Appellant filed this appeal on March 25, 2025. Exhibit 2.

statements,

at 15.

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- 5. The hearing record was held open and extended through July 16, 2025 for Appellant's representative to submit the verifications. Exhibits 5, 6, 9, 10.
- 6. To date, MassHealth has not received verification of the the New York Life insurance policy verification.

Analysis and Conclusions of Law

An individual applying for MassHealth long term care benefits (or the individual's authorized representative) must submit a complete application and all required supplements. 130 CMR 516.001(A)(1). Pursuant to 130 CMR 515.008(A), an "applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility." After receiving an application for MassHealth 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 the 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 date of the request, MassHealth benefits may be denied" 130 CMR 516.001(C).

MassHealth received Appellant's re-application on December 20, 2024 and requested information on December 27, 2024. Appellant's representative was unable to provide the requested information by the July 16, 2025 record-open deadline after multiple extensions of the record-open period. Though Appellant asserted that the account was not Appellant's, MassHealth would still require proof demonstrating that Appellant does not own the account to verify eligibility. Regardless, even assuming the is not Appellant's asset, the insurance verification identified on the December 27, 2024 RFI also remains outstanding. Appellant's representative offered no dispute that Appellant owns the life insurance policy and makes monthly payments towards it.

Appellant has not met the requirements of 130 CMR 515.008(A) and 130 CMR 516.001(C) by providing the corroborative information necessary for MassHealth to determine eligibility. 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.

Cynthia Kopka Hearing Officer Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

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