

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505295
Decision Date:	7/16/2025	Hearing Date:	05/05/2025
Hearing Officer:	Emily Sabo	Record Open to:	07/11/2025

Appearance for Appellant:



Appearance for MassHealth:

Lori Van Zile, 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

Appeal Decision:	Denied	Issue:	Community Eligibility—over 65; Verifications
Decision Date:	7/16/2025	Hearing Date:	05/05/2025
MassHealth's Rep.:	Lori Van Zile	Appellant's Rep.:	██████████
Hearing Location:	Springfield MassHealth Enrollment Center (Telephone)	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 5, 2025, MassHealth denied the Appellant's application for MassHealth benefits because the Appellant did not provide MassHealth with requested information within the time required.¹ 130 CMR 515.008 and Exhibit 1. The Appellant's representative filed this appeal in a timely manner on April 2, 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 in the community.

¹ The February 5, 2025 notice states that it is for MassHealth Community-Based Services. Exhibit 1 at 1. In its submission, MassHealth referred to the Appellant's long-term care application. See Exhibit 4. For applicants over the age of ██████ to determine eligibility for MassHealth benefits either in the community or in long-term care facilities necessitates consideration of an individual's assets. 130 CMR 520.003(A); 130 CMR 520.016(A).

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that the Appellant did not provide MassHealth with requested information regarding her income and assets within the time required.

Summary of Evidence

The hearing was held by telephone. MassHealth was represented by an eligibility specialist who was filling in for her colleague who had reviewed the Appellant's application. The MassHealth representative testified that the Appellant is over the age of [REDACTED]. The MassHealth representative testified that MassHealth received a long-term care application from the Appellant on October 22, 2024, and on November 5, 2024, MassHealth requested additional information. The MassHealth representative testified that MassHealth denied the application on December 12, 2024, for failure to submit verifications. The MassHealth representative testified that the Appellant submitted some verifying information to generate a re-application date of December 31, 2024. The MassHealth representative testified that MassHealth had still not received from the Appellant information on where her income is being deposited, and where the funds in one of her accounts were deposited upon the account being closed.

The Appellant's representative verified the Appellant's identity. The Appellant's representative explained that there is a concern that the Appellant's son may be taking the Appellant's money. The Appellant's representative requested a record open period and stated that the facility where the Appellant is living is in the process of becoming the Appellant's representative payee.

The record was held open until June 5, 2025 for the Appellant's submission. Exhibit 5. On June 4, 2025, the Appellant's representative requested an extension as the facility had been encountering challenges becoming the Appellant's representative payee. *Id.* The Appellant representative submitted a draft petition for appointment of conservator for the Appellant. Exhibit 6. The record was extend until July 3, 2025, for the Appellant's submission and until July 11, 2025, for MassHealth's response. Exhibit 5.

On July 2, 2025, the Appellant's representative submitted notices to the facility from the Social Security Administration, as well as a conservator petition filed on the Appellant's behalf. The submission included two notices from the Social Security Administration, both dated July 2, 2025. One stated that the facility was chosen to be the Appellant's representative payee and that the Appellant's monthly benefit had changed to \$2,303.30 as of June 2025. Exhibit 7 at 2. It stated that effective June 2025, the Appellant's payments will no longer be sent to a financial institution. *Id.* It did not state where the funds had been sent previously. It stated that the facility "will receive \$2,117.00 for June 2025 around July 16, 2025" and \$2,117 would follow "on or about the third Wednesday of each month" thereafter. *Id.* The second notice stated the facility had been chosen

to be the Appellant's representative payee but that the Social Security Administration "cannot pay benefits at this time." *Id.* at 5. The notice also stated that the Appellant's monthly benefit had changed to \$926.90 as of June 2025, and that effective June 2025, the Appellant's payments would no longer be sent to a financial institution. *Id.* It did not state where the funds had been sent previously. The Appellant's representative also submitted a court docket showing that on June 30, 2025, a petition for appointment of a conservator for the Appellant had been filed, along with a military service affidavit and bond. Exhibit 7.

The MassHealth representative² responded that because the Appellant's assets were unknown, MassHealth could not determine her eligibility. Exhibit 5.

Findings of Fact

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

1. The Appellant is an adult over the age of [REDACTED] Testimony.
2. On February 5, 2025, MassHealth denied the Appellant's application for MassHealth benefits in the community, for failing to provide the information requested by MassHealth. Exhibit 1.
3. On April 2, 2025, the Appellant's representative filed a timely appeal with the Board of Hearings. Exhibit 2.
4. MassHealth did not receive information from the Appellant on where her income is being deposited and where the funds in one of her accounts were deposited upon the account being closed. Testimony and Exhibit 4.
5. The record was held open for the submission of the missing information. Exhibit 5.
6. The record-open period was extended until July 3, 2025 for the Appellant, and until July 11, 2025 for MassHealth. Exhibit 5.
7. During the record open period, the Appellant's representative submitted two notices from the Social Security Administration, both dated July 2, 2025. One stated that the facility was chosen to be the Appellant's representative payee and that the Appellant's monthly benefit had changed to \$2,303.30 as of June 2025. It stated that effective June 2025, the Appellant's payments will no longer be sent to a financial institution. It did not state where the funds had been sent previously. It stated that the facility "will receive \$2,117.00 for June 2025 around July 16, 2025" and \$2,117 would follow "on or about the third Wednesday of each

² The MassHealth representative who responded was the representative who reviewed the original application, not the MassHealth representative who appeared at hearing.

month” thereafter. The second notice stated the facility had been chosen to be the Appellant’s representative payee but that the Social Security Administration “cannot pay benefits at this time.” The notice also stated that the Appellant’s monthly benefit had changed to \$926.90 as of June 2025, and that effective June 2025, the Appellant’s payments would no longer be sent to a financial institution. It did not state where the funds had been sent previously. The Appellant’s representative also submitted a court docket showing that on June 30, 2025, a petition for appointment of a conservator for the Appellant had been filed, along with a military service affidavit and bond. Exhibit 7.

8. At the conclusion of the record open period, the MassHealth representative responded that without the missing information, MassHealth could not determine the Appellant’s eligibility. Exhibit 5.

Analysis and Conclusions of Law

MassHealth regulations provide:

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.

520.003: Asset Limit

- (A) The total value of countable assets owned by or available to individuals applying for or

receiving MassHealth Standard, Family Assistance, or Limited may not exceed the following limits:
(1) for an individual — \$2,000;

130 CMR 520.003(A)(1).

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.

130 CMR 520.016(A).

On February 5, 2025, MassHealth denied the Appellant's application for community-based services because the Appellant failed to submit the necessary information to allow MassHealth to determine her eligibility. 130 CMR 515.008(A). The evidence shows that MassHealth asked the appellant to verify her assets, which is relevant to both community MassHealth eligibility and MassHealth long-term care eligibility. During the record open period, the Appellant did not submit the requested information about her assets, nor did she provide proof of where her Social Security income was being deposited in the past. Exhibit 5; *see also* 130 CMR 520.003(A)(1); 130 CMR 520.016(A). Thus, the Appellant has not demonstrated that MassHealth erred in denying the Appellant's application. 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

CC: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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