

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505745
Decision Date:	7/2/2025	Hearing Date:	05/07/2025
Hearing Officer:	Amy B. Kullar, Esq.	Record Open to:	06/04/2025; 07/03/2025

Appearance for Appellant:



Appearance for MassHealth:

Riana Malik, Tewksbury MassHealth
Enrollment Center



*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; Verifications
Decision Date:	7/2/2025	Hearing Date:	05/07/2025
MassHealth's Rep.:	Riana Malik	Appellant's Rep.:	
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (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 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 13, 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 his authorized representative, a Medicaid consultant. MassHealth was represented by a worker from the Tewksbury 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 December 18, 2024, an application for MassHealth LTC benefits, seeking coverage as of November 11, 2024, was filed on the appellant's behalf; a request for additional information was sent to the appellant on December 31, 2024. The LTC application was then denied for missing verifications on February 5, 2025. The LTC application was then relogged, as some verifications were submitted to MassHealth, and a new Request for Information was sent to the appellant on March 5, 2025. A final denial of the appellant's long-term care application was issued on April 18, 2025. The appellant submitted documents to MassHealth after the denial was issued; these documents were processed by MassHealth prior to hearing. As of the date of hearing, there are still verifications regarding the appellant's bank accounts that are outstanding from the February 5, 2025 denial letter:

Bank Accounts: For all financial accounts held by [Appellant] and/or [Appellant's Spouse] in the last 60 months: Provide statements from 11/1/2023 to current. Provide proof of source of all deposits. Explain and verify any disbursements of \$1,000 or more. If any closed accounts in the last 60 months, also provide the closing statement and verify how funds were disbursed at closing.

Exhibits 1 & 5.

The appellant's representative did not dispute the MassHealth representative's testimony and acknowledged that the verifications for the appellant's three bank accounts were still outstanding. The appellant's representative explained that since the appellant had discharged from the nursing facility on [REDACTED] 2024, it was extremely difficult to get the outstanding verifications from him. Testimony. She testified that she and her colleague were working directly with the appellant's spouse to obtain the outstanding statements, but that this process was difficult because the appellant's bank is an "online" bank and does not have a physical location at which to request the statements, and the appellant's spouse is having a difficult time accessing the online statements. Testimony. She stated that if the appellant could have a little more time, she believed that the outstanding bank statements would be submitted to MassHealth soon; the appellant's representative then requested that the record be kept open to allow her more time to gather the outstanding documentation.

At the conclusion of the hearing, it was agreed that the record would be held open until June 4, 2025 for the appellant to provide the outstanding verifications to MassHealth and the Hearing

Officer, and then MassHealth would have a week to process the submission and respond. Exhibit 6. On June 3, 2025, the appellant's representative emailed the Hearing Officer and requested additional time to obtain the "online" bank account statements. Exhibit 7. The Hearing Officer extended the record open period to July 3, 2025. Exhibit 8. On July 1, 2025, the appellant's representative emailed the Hearing Officer:

I am reaching out today as the family has not been cooperative and has not produced nearly close to any of the documentation needed. We have tried for this client but unfortunately even [Medicaid Consultant] tried working with the wife and it is getting nowhere. I just wanted to make you aware as I am not requesting more time and the open record is due on Thursday 7/3/2025.

Exhibit 9.

The Hearing Officer closed the administrative record on July 1, 2025. Exhibit 10.

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 who was a resident of a nursing facility.
2. On December 18, 2024, an application for MassHealth Long-Term care benefits was filed on the appellant's behalf. Testimony, Exhibit 5.
3. On February 5, 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 13, 2025. Exhibit 2.
5. Following the appeal hearing, the appellant's representative requested that the record be kept open until June 4, 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 time to the open record period, until July 3, 2025, for the submission of missing verifications, which was granted. Exhibit 7.
7. As of the issuance of this decision, the following verifications are still outstanding:

- **Bank Accounts:** For all financial accounts held by [Appellant] and/or

[Appellant's Spouse] in the last 60 months: Provide statements from 11/1/2023 to current. Provide proof of source of all deposits. Explain and verify any disbursements of \$1,000 or more. If any closed accounts in the last 60 months, also provide the closing statement and verify how funds were disbursed at closing.

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, 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 December 18, 2024.

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.

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


cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957