

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2505748
<b>Decision Date:</b>	11/24/2025	<b>Hearing Date:</b>	10/07/2025
<b>Hearing Officer:</b>	Marc Tonaszuck	<b>Record Open to:</b>	10/24/2025 for Appellant; 10/31/2025 for MassHealth

**Appearance for Appellant:**



**Appearance for MassHealth:**

Ka Lam Lau



*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>	11/24/2025	<b>Hearing Date:</b>	10/07/2025
<b>MassHealth’s Rep.:</b>	Ka Lam Lau	<b>Appellant’s Rep.:</b>	BOM
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center	<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 03/28/2025, MassHealth informed the appellant, a nursing home resident, that it reviewed his application for MassHealth Long Term Care (LTC) benefits determined and that he is not eligible because he failed to submit requested verifications (130 CMR 515.008; Exhibit 1). On 04/19/2025, a timely appeal was filed by the appellant (130 CMR 610.015(B); Exhibits 2 and 4). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

The Board of Hearings (Board) held this appeal prior to scheduling a fair hearing because the appellant’s appeal representative was working to have a conservator appointed for the appellant. The Board received a copy of the conservator appointment on 09/11/2025. The appeal was then scheduled.

A fair hearing took place before the Board on 10/07/2025 (Exhibit 3). The appellant representative requested an extension of time to submit the missing verifications. Her request was granted<sup>1</sup>, and the record remained open in this matter until 10/24/2025 for the appellant’s submission and

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<sup>1</sup> The appellant’s representative requested an extension of more time that was granted by the hearing officer.

until 10/31/2025 for MassHealth's submission (Exhibit 6). On 10/24/2025, the appellant's conservator requested an additional 30 days to provide the missing verifications. His request was denied (Exhibit 7).

## Action Taken by MassHealth

MassHealth denied the appellant's application for Long Term Care (LTC) benefits for failure to submit requested verifications.

## Issue

The issue is whether or not the requested verifications were submitted to MassHealth.

## Summary of Evidence

The MassHealth representative testified telephonically that the appellant applied for MassHealth long term care (LTC) benefits on 02/05/2025. At the time of the hearing, the MassHealth representative was not provided with an SC-1 form<sup>2</sup>. There was no information about the requested start date for MassHealth LTC benefits. On 02/20/2025, a request for verifications was sent by MassHealth, requesting various financial information to process the appellant's application for benefits. The verifications were due by 03/22/2025. On 03/08/2025, some of the verifications remained outstanding and MassHealth denied the application.

As of the date of the fair hearing, the missing verifications were the following:

1. [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing. Bank match showed large withdrawal in 02/2023. Send in statement, checks and bills paid.
2. [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing.
3. [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter

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<sup>2</sup> A Status Change form (SC-1) is a form used by a nursing facility to document a resident's admission or discharge from a facility. It also contains other information, including the date the facility is seeking payment from MassHealth.

from bank with date account closed. Send in proof of where the funds went at closing. Send in proof that assets are reduced to \$2000. Send in checks and bills paid to reduce them.

4. Send in PNA statement from admit to the present.
5. Send in private pay letter and statement listing all the payments paid to the facility and what services and dates it covered (if any).
6. Are you receiving social security? If yes, verify where your social security income is deposited to. If no, send in proof of why you do not receive social security income or else show you have applied for it. Are you receiving benefit from state other than Massachusetts? If yes, send in letter from that state and the date your case closed. This came from a match.
7. Nursing facility screening notification (level of care).
8. SC-1 form.

(Exhibit 5.)

The appellant was represented at the fair hearing by the business office manager (BOM) of the skilled nursing facility, who testified that a conservator had “just been appointed,” to assist with obtaining the missing verifications. The appellant representative requested a 30-day extension of time to submit the missing verifications. Her request was partially granted, and the record remained open in this matter until 10/24/2025 for the appellant’s submission and until 10/31/2025 for MassHealth’s submission (Exhibit 6).

On 10/24/2025, the appellant’s conservator requested an additional 30 days to provide the missing verifications. His request was denied (Exhibit 7).

During the record open period, the appellant’s representatives made no submission to the hearing record by the due date. On 10/31/2025, the MassHealth representative informed the hearing officer that the following verifications remained outstanding:

1. [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing. Bank match showed large withdrawal in 02/2023. Send in statement, checks and bills paid.
2. [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing.
3. [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000

and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing. Send in proof that assets are reduced to \$2000. Send in checks and bills paid to reduce them.

4. Send in PNA statement from admit to the present.
5. Send in private pay letter and statement listing all the payments paid to the facility and what services and dates it covered (if any).
6. Are you receiving social security? If yes, verify where your social security income is deposited to. If no, send in proof of why you do not receive social security income or else show you have applied for it. Are you receiving benefit from state other than Massachusetts? If yes, send in letter from that state and the date your case closed. This came from a match.
7. Nursing facility screening notification (level of care).
8. SC-1 form.

The MassHealth representative testified that she received [REDACTED] statements from 10/23/2023 to 11/08/2023 and letter that stated the account closed on 6/15/2024; however, all of the above verifications remained outstanding (Exhibit 8).

## **Findings of Fact**

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

1. The appellant, a nursing home resident, applied for MassHealth long term care benefits on 02/05/2025.
2. On 02/20/2025, MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination.
3. On 03/28/2025, MassHealth denied the appellant's application for benefits because it did not receive the requested verifications.
4. The appellant submitted a request for a fair hearing on 04/19/2025.
5. The Board of Hearings held the case while the appellant's representative was seeking appointment of a conservator.
6. A conservator was appointed on 09/10/2025.
7. A fair hearing took place before the Board of Hearings on 10/07/2025.

8. At the fair hearing, the MassHealth representative testified that the following requested verifications were not received by MassHealth:
  - [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing. Bank match showed large withdrawal in 02/2023. Send in statement, checks and bills paid.
  - [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing.
  - [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing. Send in proof that assets are reduced to \$2000. Send in checks and bills paid to reduce them.
  - Send in PNA statement from admit to the present.
  - Send in private pay letter and statement listing all the payments paid to the facility and what services and dates it covered (if any).
  - Are you receiving social security? If yes, verify where your social security income is deposited to. If no, send in proof of why you do not receive social security income or else show you have applied for it. Are you receiving benefit from state other than Massachusetts? If yes, send in letter from that state and the date your case closed. This came from a match.
  - Nursing facility screening notification (level of care).
  - SC-1 form.
9. At the fair hearing, the appellant representative requested an extension of time to submit the missing verifications. Her request was partially granted, and the record remained open in this matter until 10/24/2025 for the appellant's submission and until 10/31/2025 for MassHealth's submission.
10. On 10/24/2025, the appellant's conservator submitted a request for a second extension of the hearing record. His request was denied.
11. The appellant's representatives made no submission during the record open period.
12. On 10/31/2025, the MassHealth representative informed the hearing officer that the following verifications remained outstanding:

- [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing. Bank match showed large withdrawal in 02/2023. Send in statement, checks and bills paid.
  - [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing.
  - [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing. Send in proof that assets are reduced to \$2000. Send in checks and bills paid to reduce them.
  - Send in PNA statement from admit to the present.
  - Send in private pay letter and statement listing all the payments paid to the facility and what services and dates it covered (if any).
  - Are you receiving social security? If yes, verify where your social security income is deposited to. If no, send in proof of why you do not receive social security income or else show you have applied for it. Are you receiving benefit from state other than Massachusetts? If yes, send in letter from that state and the date your case closed. This came from a match.
  - Nursing facility screening notification (level of care).
  - SC-1 form.
13. MassHealth received [REDACTED] account statements from .10/23/2023 to 11/08/2023 and letter that stated the account closed on 6/15/2024; however, all of the above verifications remained outstanding.

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 515.008 address responsibilities of applicants and members as follows:

(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.

Regulations at 130 CMR 516.001(B) address corroborative information 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.

This appeal involves a denial of MassHealth LTC benefits based on the appellant's failure to provide requested verifications within the regulatory time frame. The application was submitted on 02/05/2025. MassHealth sent a request for verifications to the appellant, requesting certain documents and information to establish eligibility for LTC benefits. The appellant failed to provide all of the requested information, and on 03/28/2025, MassHealth denied the appellant's application for failure to provide verifications. A timely appeal was filed on behalf of the appellant, and a fair hearing was held before the Board of Hearings.

At the fair hearing, the MassHealth representative testified that the following verifications remained outstanding:

- [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing. Bank match showed large withdrawal in 02/2023. Send in statement, checks and bills paid.
- [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing.
- [REDACTED] This account came from bank match. Send in 01/2024-02/2025 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 01/2024. If this account is closed, send in letter from bank with date account closed. Send in proof of where the funds went at closing. Send in proof that assets are reduced to \$2000. Send in checks and bills paid to reduce them.
- Send in PNA statement from admit to the present.
- Send in private pay letter and statement listing all the payments paid to the facility and what services and dates it covered (if any).

- Are you receiving social security? If yes, verify where your social security income is deposited to. If no, send in proof of why you do not receive social security income or else show you have applied for it. Are you receiving benefit from state other than Massachusetts? If yes, send in letter from that state and the date your case closed. This came from a match.
- Nursing facility screening notification (level of care).
- SC-1 form.

The record remained open until 10/24/2025 for the appellant's submission of the remaining verifications. During the record open period the appellant's representative made no submission to the hearing record; however, MassHealth received [REDACTED] account statements from 10/23/2023 to 11/08/2023 and letter that stated the account closed on 6/15/2024; however, all of the above verifications remained outstanding.

Because the appellant did not provide the requested verifications prior to or during the hearing process, MassHealth's decision to deny the application is supported by the regulations and the relevant facts in the hearing record. This appeal is therefore 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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc: [REDACTED]  
[REDACTED]

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129