

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2507890
<b>Decision Date:</b>	09/09/2025	<b>Hearing Date:</b>	6/17/2025
<b>Hearing Officer:</b>	Cynthia Kopka	<b>Record Open to:</b>	9/2/2025

**Appearance for Appellant:**



**Appearance for MassHealth:**

Eileen Smith, Charlestown 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Long term care – verifications
<b>Decision Date:</b>	09/09/2025	<b>Hearing Date:</b>	6/17/2025
<b>MassHealth's Rep.:</b>	Eileen Smith	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Charlestown (remote)	<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

By notice dated April 29, 2025, MassHealth denied Appellant's application for long term care benefits because Appellant failed to submit required information. Exhibit 1. Appellant filed this appeal in a timely manner on May 21, 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 at Appellant's request and extended through September 2, 2025 for Appellant to submit additional evidence. Exhibits 5, 8.

### 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.

### Summary of Evidence

A MassHealth eligibility representative appeared by phone and testified as follows. Appellant admitted to the long term care facility on [REDACTED] and seeks MassHealth coverage beginning December 19, 2024. MassHealth received Appellant's application for long term care benefits on January 13, 2025. Exhibit 4 at 13. MassHealth denied this application on March 2, 2025 for failure to submit verifications. This denial was not appealed.

On March 25, 2025, MassHealth relogged Appellant's application and issued an information request on the same date. *Id.* at 4-5. The information request includes a request for Appellant to submit [REDACTED] account ending [REDACTED] statements for February and March 2025 and for information about private payments Appellant made to the facility. *Id.* at 5. On April 29, 2025, MassHealth denied the application for failing to submit the corroborative information requested. Exhibit 1. In order to process Appellant's application, MassHealth required the following information as listed on the April 29, 2025 denial:

- [REDACTED] account ending [REDACTED] statements for February and March 2025;
- Explanation of small deposits received from [REDACTED], including how often Appellant receives these payments, if they are reimbursements, and if she is still receiving payments;
- Regarding a payment to nursing home ([REDACTED]) need a detailed breakdown of payments made to the facility and where they were applied;
- Verification that the [REDACTED] contract is irrevocable; and
- An updated level of care, which expired on May 31, 2025.

Exhibit 4 at 2, 5. The MassHealth representative testified that the explanation of [REDACTED] she had received was not clear, as it was described as "help" for Appellant. MassHealth would need to know if the payments were consistent and ongoing. MassHealth would also need to know if the payments stopped and when.

Appellant's representative testified that bank statements were submitted and requested clarification of which ones are still needed. The MassHealth representative testified that because the application was relogged in March, additional statements for February 2025 and March 2025 were necessary. The MassHealth representative noted that the last statement that had been submitted as of January 31, 2025 showed a balance of over \$3,611.

Appellant's representative requested that the hearing record be held open for 30 days, requesting additional time to work on reducing the remaining assets and satisfying all eligibility requirements. The hearing record was held open through July 17, 2025 for Appellant to provide the verifications and through July 24, 2025 for MassHealth to review and respond. Exhibit 5. Following the hearing, Appellant's representative requested clarification as to which bank account and for which months bank statements were needed. *Id.* at 2-4.

On July 16, 2025, Appellant's representative emailed and faxed the record open submission to the MassHealth representative and the hearing officer. Exhibit 6. Notably from this submission, the

March 2025 statement from [REDACTED] account ending [REDACTED] was missing. Appellant only provided February 2025 (*id.* at 23-24), April 2025 (*id.* at 25-26) and May 2025 (*id.* at 27-28). The balance of the account at the end of May 2025 was \$5,419. *Id.* at 27.

On July 22, 2025, the MassHealth responded to say that the March 2025 statement from [REDACTED] account ending [REDACTED] was missing from the submission. Exhibit 7. MassHealth also required verification of the source of deposits into this account dated January 17, 2025 (\$394.64) and April 17, 2025 (\$341.90). *Id.* The MassHealth representative wrote that regarding [REDACTED] she did not receive proof of what and how often Appellant receives funds, arguing that Appellant's submission was only a drug summary. The MassHealth representative wrote that she did not receive a detailed private pay letter listing payments to the facility and where the payments were applied. Exhibit 6 at 11.

The MassHealth representative testified that an undated letter from the facility revealed the balance of a personal needs account (PNA), but did not provide any activity. *Id.* MassHealth would need to verify the activity on the PNA from opening to present. Finally, MassHealth received a burial account for Appellant, but it had not been divulged previously. MassHealth required verification of how the burial account was funded. Exhibit 7.

Appellant's representative disputed MassHealth's position, arguing that all verifications were submitted. Exhibit 8. Appellant's representative was instructed to review the submission and request an extension of the record open period if information was missing. Appellant requested a two-week extension. *Id.*

On August 13, 2025, Appellant's representative re-sent the same packet that had been submitted on July 16, 2025. Exhibit 10. Appellant's representative asserted that the submission included the March 2025 statement. The March 2025 statement was not in the packet. See *id.* at 11-13 (which jumps from February 2025 to April 2025). Appellant's representative also asserted that the [REDACTED] (EOB) explains how [REDACTED] works and how and when Appellant received funds as a result. *Id.* at 1. The MassHealth representative accepted verification of the [REDACTED] on the basis that Appellant had not received more payments. Exhibit 11.

In the email forwarding the August 13, 2025 submission, Appellant's representative wrote that the submission includes the private pay letter. *Id.* at 1. Appellant's representative also wrote that the "PNA statement attached shows all activity and you see there is not much since the account was just opened on 7/14." *Id.* Included in the submission is an undated letter which states in its entirety:

To whom this may concern,

Please be advised that we have received 11,000 0 to cover the room and board for [REDACTED] for [REDACTED]. There is a estimated PPA due of \$1603.28. we received \$13,862.00

There is a pna on file for \$189.22

*Id.* at 31. The MassHealth representative responded that the undated letter does not list all payments to the facility and where they were applied, including the patient paid amount (PPA). Exhibit 11. The MassHealth representative noted that Appellant's representative referenced a \$1,800 payment to the facility on July 11, 2025 that is not accounted for on the private pay letter. See Exhibit 10 at 10. The MassHealth representative also noted that two deposits into the bank account have not been verified, nor has the source of the burial account. Exhibit 11.

## Findings of Fact

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

1. On January 13, 2025, MassHealth received Appellant's application for long-term care benefits, seeking coverage beginning December 19, 2024. MassHealth denied this application on March 2, 2025 for failure to submit verifications. This denial was not appealed. Exhibit 4 at 13.
2. On March 25, 2025, MassHealth relogged Appellant's application and issued an information request. *Id.* at 4-5.
3. The information request includes a request for Appellant to submit [REDACTED] account ending [REDACTED] statements for February and March 2025 and for information about private payments Appellant made to the facility. *Id.* at 5.
4. On April 29, 2025, MassHealth denied the application for failing to submit the corroborative information requested, including but not limited to a bank statement for [REDACTED] [REDACTED] for March 2025 and a detailed breakdown of private payments to the facility. Exhibit 1.
5. Appellant filed this appeal on May 21, 2025. Exhibit 2.
6. The hearing record was held open and extended through September 2, 2025 for Appellant's representative to submit requested information. Exhibits 5, 8.
7. Appellant submitted a packet of documents on July 16, 2025 and August 13, 2025 which did not include the [REDACTED] for March 2025. Exhibits 6, 10.
8. Regarding private pay, Appellant's representative provided an undated letter which stated in its entirety:

To whom this may concern,  
Please be advised that we have received 11,000 0 to cover the room and board

for [Appellant] for DOS [REDACTED] There is a estimated PPA due of \$1603.28. we received \$13,862.00

There is a pna on file for \$189.22

Exhibit 10 at 31.

9. On July 22, 2025, MassHealth requested verification of the activity on the previously undisclosed PNA from opening to present. MassHealth also requested verification of how the burial account was funded. MassHealth also required verification of the source of deposits into this account dated January 17, 2025 (\$394.64) and April 17, 2025 (\$341.90). Exhibit 7.

## 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 and issued an information request on March 25, 2025. This information request and the subsequent denial issued on April 29, 2025 request that Appellant submit the March 2025 bank statement for [REDACTED], as well as providing detailed information as to what dates Appellant's private payments were applied. *Id.* at 5.

Appellant's representative was unable to provide the requested information by the August 13, 2025 deadline after multiple extensions of the record open period. The March 2025 bank statement was omitted from each of Appellant's submissions. Additionally, the private pay letter did not include

the dates for which Appellant paid the facility for private pay versus the PPA, and also appears to omit a later payment of \$1,800. Finally, the private pay letter references a PNA for which no accounting has been provided, despite this information being requested by MassHealth in the July 22, 2025 response to the first record open submission.

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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

[REDACTED]

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