

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508105
Decision Date:	7/30/2025	Hearing Date:	06/23/2025
Hearing Officer:	Amy B. Kullar, Esq.	Record Open to:	07/23/2025

Appearances for Appellant:



Appearance for MassHealth:

Rhiannon Wojick, 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:	7/30/2025	Hearing Date:	06/23/2025
MassHealth's Rep.:	Rhiannon Wojick	Appellant's Reps.:	[REDACTED]
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 2 (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 May 19, 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 May 27, 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 unmarried adult under the age of [REDACTED] who currently resides in a nursing facility; she was represented at hearing by a representative from her nursing facility and 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 April 7, 2025, an application for MassHealth LTC benefits was filed on the appellant's behalf, requesting benefits beginning December 22, 2024. MassHealth sent a request for additional information to the appellant on April 11, 2025. The LTC application was then denied for missing verifications on May 19, 2025. MassHealth is unable to make a final determination as to the appellant's eligibility for LTC MassHealth because her application is still incomplete. As of the date of hearing, there are many verifications that are outstanding from the May 19, 2025 denial notice, which are listed as follows:

- **Nursing facility:** Please send a private pay statement showing the amount paid to date and what dates those payments covered.
- **Question 5 on the application:** Question 5 was checked yes please send proof of stocks, bonds, mutual funds and or securities.
- **Disability supplement:** In a separate mailing you will receive an Adult Disability Supplement that needs to be completed fully along with all medical releases. Please send original directly to DES and mail and fax a copy to [NAME & PHONE NUMBER OF MH REPRESENTATIVE].
- **SSDI:** Please submit verification that you have applied for Social Security disability. You can apply online and send in printout that you applied.
- **[Financial Institution] 401K:** Send monthly statements from 11/1/23 to present, all activity and daily (*sic*). Explain and send proof of all transactions \$1000 & over, including the source of deposits. Proofs would be copies of the check (copy of invoice(s) showing funds paid, deposit slips, etc.).
- **Real estate:** Submit a copy of the recorded deed(s), documentation of assessed value of home and proof of amount owed on all properties, both in and out of state, in which the applicant and/or applicants spouse have/had ownership interest within the past 24 months.

- **Life insurance:** Send proof if policy is term or whole life. For all whole life policies, send proof CURRENT cash surrender value (dated in last 45 days). Proofs must also verify policy number and face value. If any loans were taken on policy in last 60 months, provide proof of loan taken and where disbursed.
- **[Checking Account] [REDACTED]** 1- Verify and clarify all transactions over \$1000 including the source of all DEPOSITS shown on the statements provided.
2- Provide [Credit Card Company] statements to show proof of transactions.
3- Verify and clarify what type of policies are [Life Insurance 1], [Life Insurance 2], [Life Insurance 3] (ALL OF THESE ARE DEPOSITS)
4- Clarify and verify all [Online Bank1] and [Online Bank2] withdrawals and deposits.

Testimony and Exhibit 4.

The nursing facility representative did not dispute the MassHealth representative's testimony and acknowledged that the verifications listed in the May 19, 2025 denial notice are still outstanding. She stated that the appellant is currently hospitalized, and she is unable to gather the documentation herself. The nursing facility representative and the Medicaid consultant are working with the appellant to obtain outstanding information. There is no legal representative for them to work with on the appellant's behalf; the appellant is "her own person." Testimony. The nursing facility representative emphasized that all the outstanding information has been requested but not all has been received yet, as some third parties will not fax or email the documentation to her. Testimony. The appellant needs a little more time to gather the outstanding information for MassHealth.

At this point in the hearing, the Hearing Officer offered to hold the record open so that the appellant's representatives could continue to work with the appellant to gather the outstanding verifications. All parties agreed to this plan, and at the conclusion of the hearing, the record was held open for thirty days. Exhibit 5. On July 28, 2025, having received no communications from the appellant's representatives during the record open period, the Hearing Officer emailed all parties to confirm that the appellant made no submissions during the record open period and had not requested an extension of time in which to do so. Exhibit 6. The following morning, the MassHealth representative confirmed that she had not received any submissions on behalf of the appellant during the record open period. Exhibit 7. The appellant's representatives did not respond to the Hearing Officer's email, or the MassHealth representative's email, and on July 29, 2025, the Hearing Officer closed the administrative record.

Findings of Fact

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

1. The appellant is an unmarried adult under the age of [REDACTED] Testimony, Exhibit 4.
2. On April 7, 2025, an application for MassHealth Long-Term Care benefits was filed on the appellant's behalf. Testimony, Exhibit 5.
3. On May 19, 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 May 27, 2025. Exhibit 2.
5. Following the appeal hearing, the appellant's representative requested that the record be kept open until July 23, 2025 for submission of missing verifications, which was granted. Testimony, Exhibit 5.
6. As of the issuance of this decision, the following verifications are still outstanding:
 - **Nursing facility:** Please send a private pay statement showing the amount paid to date and what dates those payments covered.
 - **Question 5 on the application:** Question 5 was checked yes please send proof of stocks, bonds, mutual funds and or securities.
 - **Disability supplement:** In a separate mailing you will receive an Adult Disability Supplement that needs to be completed fully along with all medical releases. Please send original directly to DES and mail and fax a copy to [NAME & PHONE NUMBER OF MH REPRESENTATIVE].
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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, despite being granted extra time following the appeal hearing, 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 April 7, 2025.

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

[REDACTED]

[REDACTED]

[REDACTED]

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