

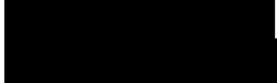
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508430
Decision Date:	11/3/2025	Hearing Date:	09/15/2025
Hearing Officer:	Kimberly Scanlon	Record Open to:	10/29/2025

Appearance for Appellant:



Appeal Representative;

Appearance for MassHealth:

Ka Lam Lau, 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

Appeal Decision:	Denied	Issue:	Eligibility; Over 65; Long-term care; Verifications
Decision Date:	11/3/2025	Hearing Date:	09/15/2025
MassHealth's Rep.:	Ka Lam Lau	Appellant's Rep.:	[REDACTED]
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 1 (Remote)	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 June 6, 2025, MassHealth notified the appellant that she was not eligible to receive long-term care benefits because she did not submit all requested information within the time allowed. (130 CMR 515.008; Exhibit 1). On June 9, 2025, the Board of Hearings (BOH) received a request to place the appeal on hold, pending the Probate appointment of a personal representative. (Exhibit 4). On [REDACTED] 2025, the Probate Court appointed a personal representative to the appellant's estate. (Exhibit 7). The appellant filed this appeal in a timely manner on or about August 13, 2025. (130 CMR 610.015(B); Exhibit 8, p. 5). Denial of assistance is valid grounds for appeal. (130 CMR 610.032). At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence and for MassHealth to review and respond. (Exhibit 11).

Action Taken by MassHealth

MassHealth notified the appellant that she was not eligible to receive MassHealth benefits because she did not submit all requested information within the time allowed.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that she was not eligible for MassHealth benefits because she did not submit all requested information within the time allowed.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is over the age of 65 and she was admitted to the nursing facility in [REDACTED] 2024. On February 27, 2025, MassHealth received the appellant's application for long-term care benefits. MassHealth is unable to confirm the requested eligibility date because an SC-1 from the facility has not been received. On [REDACTED] 2025, the appellant passed away. (Exhibit 8, p. 2). On May 1, 2025, MassHealth notified the appellant that additional information was needed to determine her eligibility, which was due by May 31, 2025. (Exhibit 10). MassHealth did not receive any of the requested information. On June 6, 2025, MassHealth sent the appellant a denial notice for failure to submit all requested documentation needed to determine eligibility within the allowed time. (Exhibit 1). As of the date of the hearing, the following verifications were still outstanding:

- Income-Private Pension: 2024 and 2025 pension stubs showing all deductions and showing where it is deposited.
- Proof of Health Insurance (Part D): copy of the card (front and back), 2024 and 2025 premium bills.
- Proof of Bank Account Information from Personal Needs Allowance (PNA) Account: private pay letter and statements listing all payments paid to the facility and what dates it covered, if any.
- Proof of Bank Account Information from [REDACTED] (1st account): proof of monthly withdrawals transferred to (2nd and 3rd) accounts, verifying what the transfers paid for and copies of checks and bills paid. Verify where social security income for March 2025 was deposited.
- Proof of Bank Account Information from [REDACTED] (2nd account): Verify source of all deposits (this account was identified through multiple withdrawal/transfer transactions from the 1st account) and withdrawals of \$1000 and over from November 2023, including proof that assets were reduced to \$2000 and copies of checks and bills paid to reduce them.

- Proof of Bank Account Information from [REDACTED] (3rd account): Bank statements (this account was identified through multiple withdrawal/transfer transactions from the 1st account) from November 2023 through April 2025, verifying all deposits and withdrawals of \$1000 and over from all accounts back to November 2023, including proof that assets were reduced to \$2000 and copies of checks and bills paid to reduce them.
- Completion of the long-term care supplement.
- Nursing Facility Screening Notification.
- Residence: Notification of Admission to the facility (SC-1).

Id.

The appellant's representatives appeared at the hearing by telephone and testified that the Probate Court recently appointed a personal representative to the appellant's estate, and therefore they would need additional time to gather the outstanding information. Following the hearing, the record was left open to allow the appellant's representatives additional time to submit the outstanding verifications to MassHealth, and for MassHealth to review the submission. (Exhibit 11).¹ The MassHealth representative subsequently responded that she only received one of the requested verifications, specifically, bank statements from the appellant's 1st bank account.² She noted that the statements that were submitted did not verify where the appellant's social security income was deposited though. (Exhibit 13, p. 1). Additionally, the following verifications remain outstanding:

- 2024 and 2025 private pension stubs showing all deductions and showing where the pension is deposited,
- A copy of the appellant's health insurance card (Part D) and 2024 and 2025 premium bills,
- Private pay letter and statements listing all payments paid to the facility and what dates it covered, if any,
- Verification of source of all deposits (from the appellant's second bank account) and withdrawals of \$1000 and over from November 2023, including proof that assets were reduced to \$2000 and copies of checks and bills paid to reduce them,
- Bank statements (from the appellant's third bank account) from November 2023 through April 2025, verifying all deposits and withdrawals of \$1000 and over from all accounts back to November 2023, including proof that assets were reduced to \$2000 and copies of checks and bills paid to reduce them,

¹ The appellant's attorney requested an extension, which was granted, in part. (Exhibit 13, p. 1).

² Upon submission of the (partial) verification, the appellant's attorney explained that he was informed by the bank manager that the other (2) accounts are not in the appellant's name and as such, he cannot access them. He was further informed that one of the other (2) accounts was listed in the son's name, who has not returned a telephone call from him. He explained that he would request the Board of Hearings to issue a subpoena for them if MassHealth still requests them. (Exhibit 13, p. 5).

- Completion of the long-term care supplement.
- Nursing Facility Screening Notification, and
- Notification of Admission to the facility (SC-1).

Findings of Fact

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

1. The appellant is over the age of 65 and she was admitted to a nursing facility in [REDACTED] 2024.
2. On February 27, 2025, MassHealth received the appellant's application for long-term care benefits.
3. On [REDACTED] 2025, the appellant passed away.
4. On May 1, 2025, MassHealth notified the appellant that additional information was needed to determine eligibility, which was due by May 31, 2025. MassHealth did not receive the requested documentation.
5. On June 6, 2025, MassHealth notified the appellant that she was not eligible to receive long-term care benefits because she did not submit all requested documentation within the time allowed.
6. On [REDACTED] 2025, the Probate Court appointed a personal representative to the appellant's estate.
7. The appellant timely appealed the MassHealth action.
8. As of the hearing date, the following verifications were still outstanding:
 - Income-Private Pension: 2024 and 2025 pension stubs showing all deductions and showing where it is deposited.
 - Proof of Health Insurance (Part D): copy of the card (front and back), 2024 and 2025 premium bills.
 - Proof of Bank Account Information from Personal Needs Allowance (PNA) Account: private pay letter and statements listing all payments paid to the facility and what dates it covered, if any.
 - Proof of Bank Account Information from [REDACTED] (1st account): proof of monthly withdrawals transferred to (2nd and 3rd) accounts, verifying what the

transfers paid for and copies of checks and bills paid. Verify where social security income for March 2025 was deposited.

- Proof of Bank Account Information from [REDACTED] (2nd account): Verify source of all deposits (this account was identified through multiple withdrawal/transfer transactions from the 1st account) and withdrawals of \$1000 and over from November 2023, including proof that assets were reduced to \$2000 and copies of checks and bills paid to reduce them.
- Proof of Bank Account Information from [REDACTED] (3rd account): Bank statements (this account was identified through multiple withdrawal/transfer transactions from the 1st account) from November 2023 through April 2025, verifying all deposits and withdrawals of \$1000 and over from all accounts back to November 2023, including proof that assets were reduced to \$2000 and copies of checks and bills paid to reduce them.
- Completion of the long-term care supplement.
- Nursing Facility Screening Notification.
- Residence: Notification of Admission to the facility (SC-1).

9. Following the hearing, the record was left open for the appellant to submit the outstanding verifications and for MassHealth to review the submission.

10. The MassHealth representative subsequently indicated that she only received one (partial), requested verification needed to determine the appellant's eligibility. The following verifications remain outstanding:

- Verification of where the appellant's social security income was deposited,
- 2024 and 2025 private pension stubs showing all deductions and showing where the pension is deposited,
- A copy of the appellant's health insurance card (Part D) and 2024 and 2025 premium bills,
- Private pay letter and statements listing all payments paid to the facility and what dates it covered, if any,
- Verification of source of all deposits (from the appellant's second bank account) and withdrawals of \$1000 and over from November 2023, including proof that assets were reduced to \$2000 and copies of checks and bills paid to reduce them,
- Bank statements (from the appellant's third bank account) from November 2023 through April 2025, verifying all deposits and withdrawals of \$1000 and over from all accounts back to November 2023, including proof that assets were reduced to \$2000 and copies of checks and bills paid to reduce them,
- Completion of the long-term care supplement,
- Nursing Facility Screening Notification, and
- Notification of Admission to the facility (SC-1).

Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all rules and regulations of MassHealth, including recovery or maintaining other health insurance. (See, 130 CMR 515.008).

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (See, 130 CMR 516.001). 130 CMR 516.019(B) provides the following, with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of 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(C) sets forth the process regarding the receipt of corroborative information and provides as follows:

If the requested information, with the exception of verification of citizenship, identity, and immigration status is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

In the present case, the appellant was granted a post-hearing record-open period to submit the outstanding information described above. Despite the additional time granted, the appellant submitted only one (partial) verification, but not all outstanding information. Specifically, the appellant has not submitted the following:

- Verification of where the appellant's social security income was deposited,
- 2024 and 2025 private pension stubs showing all deductions and showing where the pension is deposited,
- A copy of the appellant's health insurance card (Part D) and 2024 and 2025 premium bills,
- Private pay letter and statements listing all payments paid to the facility and what dates it covered, if any,
- Verification of source of all deposits (from the appellant's second bank account) and withdrawals of \$1000 and over from November 2023, including proof that assets were

reduced to \$2000 and copies of checks and bills paid to reduce them,

- Bank statements (from the appellant's third bank account) from November 2023 through April 2025, verifying all deposits and withdrawals of \$1000 and over from all accounts back to November 2023, including proof that assets were reduced to \$2000 and copies of checks and bills paid to reduce them,
- Completion of the long-term care supplement,
- Nursing Facility Screening Notification, and
- Notification of Admission to the facility (SC-1).

With respect to the appellant's bank account information (from her 2nd and 3rd bank accounts), the attorney's request is noted. However, as also noted by the MassHealth representative, MassHealth only received one (partial) verification. Without all requested information (as listed above) the appellant has not fulfilled her obligations under 130 CMR 516.001. The action taken by MassHealth was within the regulations. This 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

[REDACTED]

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

