

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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|-------------------------|----------------|------------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2509531 |
| Decision Date: | 9/22/2025 | Hearing Date: | 07/29/2025 |
| Hearing Officer: | Marc Tonaszuck | Record Open to: | 09/12/2025 |

Appearance for Appellant:



Appearance for MassHealth:

Jamie Lapa



*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: | 9/22/2025 | Hearing Date: | 07/29/2025 |
| MassHealth's Rep.: | Jamie Lapa | Appellant's Rep.: | [REDACTED] |
| Hearing Location: | Springfield MassHealth Enrollment Center | 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 05/05/2025, MassHealth informed the appellant that it reviewed her application for MassHealth Long Term Care (LTC) benefits determined and that she is not eligible because she failed to submit requested verifications (130 CMR 515.008; Exhibit 1). On 06/25/2025, a timely appeal was filed on the appellant's behalf by her Power of Attorney (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).

A fair hearing took place before the Board of Hearings (Board) on 07/29/2025 (Exhibit 3). The appellant representative requested an extension of time to submit the missing verifications Her request was granted, and the record remained open in this matter until 08/29/2025 for the appellant's submission and until 09/12/2025 for MassHealth's response (Exhibit 6). The appellant's representative requested an extension of the record open period on 09/04/2025. Her request was granted, and the appellant's submission was due on 09/5/2025. MassHealth's response was due on 09/12/2025 (Exhibit 7). On 09/12/2025, appellant's representative requested a third extension of time to submit the missing verifications. The hearing officer denied the third request for an extension because it was not received within the time frame outlined in the Record Open Form (Exhibit 8).

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 03/18/2025, seeking MassHealth benefits on 05/01/2025. A request for verifications was sent by MassHealth, requesting various financial information to process the appellant's application for benefits. On 05/05/2025, 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:

Family Irrevocable - send proof of all income distributed, schedule of trust assets, schedule of beneficiaries and recorded deeds for all properties in the trust along with their current value. Schedule of trust assets should be signed and dated by trustee and list all assets held in trust within the past 5 years and all assets currently held in trust.

You indicated that you have retirement accounts and have closed accounts within the past 60 months but did not list them on page 13. Provide a listing of all retirement accounts and all accounts closed within the past 5 years. Submit statements from all these accts from 1/1/21 through present, verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. If account was closed before 1/1/21, submit statements from 6 months prior to closing thru closing date, verify source of all deposits and w/ds of \$1000 or more.

██████████ - Verify source of these deposits: \$200 12/10/24, \$309 63 12/20/24, \$309 67 11/19/24, \$309 67 10/14/24, \$309 67 9/16/24, \$309 67 8/12/24 and \$200 8/23/24.

Verify source of ALL deposits from 1/1/21 through present. Submit copies of ALL cleared checks from 1/1/21 through present. Verify disposition of all withdrawals of \$1000 or more from 1/1/21 through present (this was previously requested but not received).

██████████ - Submit statements from 1/1/21 through present. Statements must show owner's name, name of financial institution, account number and running balances. Verify

source of all deposits. Verify disposition of all withdrawals of \$1000 or more.

██████████ - Submit statements from 3/18/24 through present. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more.

██████████ - Submit statements from 9/1/22 through closing. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. Balance on 9/1/22 was \$137234 03, \$79177 04 of that was used to open acct 0336, verify where the remainder was deposited.

██████████ - Submit statements from 12/30/24 through present. Verify source of ALL deposits. Submit copies of ALL cleared checks. Verify disposition of all withdrawals of \$1000 or more.

(Exhibit 5.)

The appellant's representative testified that she was assigned this case in June, and she needed some additional time to submit the missing verifications. Her request was granted, and the record remained open in this matter, as requested, until 08/28/2025 for the appellant's submission and until 09/12/2025 for MassHealth's response (Exhibit 6). The appellant's representative requested an extension of the record open period on 09/04/2025. Her request was granted, and the appellant's submission was due on 09/05/2025. MassHealth's response was due on 09/12/2025 (Exhibit 7). On 09/12/2025, appellant's representative requested a third extension of time to submit the missing verifications. The hearing officer denied the third request for an extension because it was not received within the time frame outlined in the Record Open Form (Exhibit 8).

The appellant made a submission during the record open period (Exhibit 9). MassHealth also submitted the following response during the record open period:

- I never received the info I had requested from the trust (Schedule of assets and schedule of beneficiaries, also proof of income distributed)

- ██████████ - Submit statements from 1/1/21 through present. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more.

- ██████████ - Submit statements from 3/18/25 through present. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more.

██████████ - Submit statements from 9/1/22 through closing. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. Balance on 9/1/22 was \$137234 03, \$79177 04 of that was used to open__ account 0336, verify where the remainder was deposited.

██████████ - There was \$74756.70 which was received from the surrender on 8/1/25. This will be entered as a transfer since we did not receive verification of where this was deposited.

(Exhibit 10.)

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 03/15/2025.
2. The appellant is requesting MassHealth benefits starting on 05/01/2024.
3. MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination.
4. On 05/05/2025, MassHealth denied the appellant's application for benefits because it did not receive the requested verifications.
5. The appellant submitted a request for a fair hearing on 06/25/2025.
6. A fair hearing took place before the Board of Hearings on 07/29/2025.
7. At the fair hearing, the MassHealth representative testified that the following verifications were not received by MassHealth:
 - Family Irrevocable Trust - send proof of all income distributed, schedule of trust assets, schedule of beneficiaries and recorded deeds for all properties in the trust along with their current value. Schedule of trust assets should be signed and dated by trustee and list all assets held in trust within the past 5 years and all assets currently held in trust.
 - You indicated that you have retirement accounts and have closed accounts within

the past 60 months but did not list them on page 13. Provide a listing of all retirement accounts and all accounts closed within the past 5 years. Submit statements from all these accounts from 1/1/21 through present, verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. If account was closed before 1/1/21, submit statements from 6 months prior to closing through closing date, verify source of all deposits and w/ds of \$1000 or more.

- [REDACTED] - Verify source of these deposits: \$200 12/10/24, \$309 63 12/20/24, \$309 67, 11/19/24, \$309 67 10/14/24, \$309 67 9/16/24, \$309 67 8/12/24 and \$200 8/23/24.
- Verify source of ALL deposits from 1/1/21 through present. Submit copies of ALL cleared checks from 1/1/21 through present. Verify disposition of all withdrawals of \$1000 or more from 1/1/21 through present (this was previously requested but not received).
- [REDACTED] - Submit statements from 1/1/21 through present. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more.
- [REDACTED] - Submit statements from 3/18/24 through present Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more.
- [REDACTED] - Submit statements from 9/1/22 through closing. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. Balance on 9/1/22 was \$137234 03, \$79177 04 of that was used to open acct 0336, verify where the remainder was deposited.
- [REDACTED] - Submit statements from 12/30/24 through present. Verify source of ALL deposits. Submit copies of ALL cleared checks. Verify disposition of all withdrawals of \$1000 or more.

(Exhibit 5.)

8. At the fair hearing, the appellant's representative requested additional time to submit the missing verifications. Her request was granted, and the record remained open in this matter,

as requested, until 08/28/2025 for the appellant's submission and until 09/12/2025 for MassHealth's response (Exhibit 6).

9. The appellant's representative requested an extension of the record open period on 09/04/2025. Her request was granted, and the appellant's submission was due on 09/05/2025. MassHealth's response was due on 09/12/2025 (Exhibit 7).
10. On 09/12/2025, appellant's representative requested a third extension of time to submit the missing verifications.
11. The hearing officer denied the third request for an extension because it was not received within the time frame outlined in the Record Open Form (Exhibit 8).
12. The appellant made a submission during the record open period (Exhibit 9).
13. MassHealth also submitted the following response during the record open period:
 - I never received the info I had requested from the trust (Schedule of assets and schedule of beneficiaries, also proof of income distributed);
 - [REDACTED] - Submit statements from 1/1/21 through present. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. [REDACTED] - Submit statements from 3/18/25 through present. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more.
 - [REDACTED] - Submit statements from 9/1/22 through closing. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. Balance on 9/1/22 was \$137234 03, \$79177 04 of that was used to open__ acct 0336, verify where the remainder was deposited.
 - [REDACTED] - There was \$74756.70 which was received from the surrender on 8/1/25. This will be entered as a transfer since we did not receive verification of where this was deposited.

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 03/18/2025. 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 05/05/2025, 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.

As of the date of the fair hearing, the following verifications remained outstanding:

- Family Irrevocable Trust - send proof of all income distributed, schedule of trust assets, schedule of beneficiaries and recorded deeds for all properties in the trust along with their current value. Schedule of trust assets should be signed and dated by trustee and list all assets held in trust within the past 5 years and all assets currently held in trust.
- You indicated that you have retirement accounts and have closed accounts within the past 60 months but did not list them on page 13. Provide a listing of all retirement accounts and all accounts closed within the past 5 years. Submit statements from all these accts from 1/1/21 through present, verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. If account was closed before 1/1/21, submit statements from 6 months prior to closing thru closing date, verify source of all deposits and w/ds of \$1000 or more.
- [REDACTED] - Verify source of these deposits: \$200 12/10/24, \$309 63 12/20/24, \$309 67 11/19/24, \$309 67 10/14/24, \$309 67 9/16/24, \$309 67 8/12/24

and \$200 8/23/24.

- Verify source of ALL deposits from 1/1/21 through present. Submit copies of ALL cleared checks from 1/1/21 through present. Verify disposition of all withdrawals of \$1000 or more from 1/1/21 through present (this was previously requested but not received).
- [REDACTED] - Submit statements from 1/1/21 through present. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more.
- [REDACTED] - Submit statements from 3/18/24 through present. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more.
- [REDACTED] - Submit statements from 9/1/22 through closing. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. Balance on 9/1/22 was \$137234 03, \$79177 04 of that was used to open acct 0336, verify where the remainder was deposited.
- [REDACTED] - Submit statements from 12/30/24 through present. Verify source of ALL deposits. Submit copies of ALL cleared checks. Verify disposition of all withdrawals of \$1000 or more.

At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. Her request was granted, as was a second request for an extension. A third request was denied. During the record open period, the appellant made a submission to the hearing record.

The following verifications remained outstanding after the hearing record closed:

- Trust Information (Schedule of assets and schedule of beneficiaries, also proof of income distributed);
- [REDACTED] - Submit statements from 1/1/21 through present. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. [REDACTED] - Submit statements from 3/18/25 through present. Statements must show owner's name, name of financial institution, account number and

running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more.

- [REDACTED] - Submit statements from 9/1/22 through closing. Statements must show owner's name, name of financial institution, account number and running balances. Verify source of all deposits. Verify disposition of all withdrawals of \$1000 or more. Balance on 9/1/22 was \$137234 03, \$79177 04 of that was used to open acct 0336, verify where the remainder was deposited.
- [REDACTED] - There was \$74756.70 which was received from the surrender on 8/1/25. This will be entered as a transfer since we did not receive verification of where this was deposited.

Accordingly, MassHealth's denial is supported by the regulations and the facts in the hearing record. Accordingly, 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center,
88 Industry Avenue, Springfield, MA 01104