Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied Appeal Number: 2509597

Decision Date: 08/05/2025 **Hearing Date:** 07/14/2025

Hearing Officer: Amy B. Kullar, Esq. Record Open to: 08/04/2025

Appearance for Appellant:

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Appearances for MassHealth:

Patricia Rogers, Taunton MassHealth Enrollment Center; Kathy Boileau, Taunton MassHealth Enrollment Center (*Ms. Boileau* following hearing only)



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: 08/05/2025 **Hearing Date:** 07/14/2025

MassHealth's Reps.: Patricia Rogers; Kathy Appellant's Rep.:

Boileau

Hearing Location: Taunton MassHealth **Aid Pending:**

> **Enrollment Center** Room 2 (Telephone)

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 5, 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 June 26, 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.

Page 1 of Appeal No.: 2509597

Summary of Evidence

The appellant is a married adult under the age of 65 who was represented at hearing by his authorized representative, a Medicaid consultant. MassHealth was represented by a worker from the Taunton 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 February 28, 2025, an application for MassHealth LTC benefits, seeking coverage as of November 27, 2024, was filed on the appellant's behalf; a request for additional information was sent to the appellant on March 11, 2025. The LTC application was then denied for missing verifications on May 5, 2025. As of the date of hearing, all the verifications listed in the May 5, 2025 are still outstanding, specifically:

- **Signed adult disability supplement**, with all releases signed;
- Proof the appellant has applied for Social Security Disability;
- Savings Account XXXX: statements 8/1/2024-present day; verification of all transactions over \$1500;
- [Family Name] Family Irrevocable Trust: send copy of entire trust document, including schedule of assets, schedule of beneficiaries, and schedule of distributions, if any; also send bank statements for all accounts held in this trust 8/1/2024-present day
- **Vehicle**: please send copy of current registration and excise tax bill; Kelly blue book value for this vehicle;
- Money Market Account XXXX: please send copy of statements for 8/1/2024present. Please verify all transactions \$1500 or more.
- Checking Account XXXX: please send copy of statements for 8/1/2024-present. Please verify all transactions \$1500 or more;
- Completed Disability Supplement;
- Proof of your Spouse's expenses at home:
 - Monthly real estate taxes
 - O Does your Spouse pay for heat?
 - Does your Spouse pay for utilities?
 - Monthly mortgage
 - Monthly Homeowners' Insurance
- Completion of Long Term Care Supplement

• [SPOUSE OF APPELLANT]

Proof of other income from NOTE TO [SPOUSE]
 Please send documentation showing your gross monthly income
 If you are working, send two paystubs showing all deductions, if it is unearned income such as unemployment/social security/other please

Page 2 of Appeal No.: 2509597

send award letter

- Checking Account XXXX: please send copy of statements for 8/1/2024-present. Please verify all transactions \$1500 or more;
- Savings Account XXXX: statements 8/1/2024-present day; verification of all transactions over \$1500
- Money Market Account XXXX: please send copy of statements for 8/1/2024-present. Please verify all transactions \$1500 or more.
- **Vehicle**: please send copy of current registration and excise tax bill; Kelly blue book value for this vehicle;
- [Family Name] Family Irrevocable Trust: send copy of entire trust document, including schedule of assets, schedule of beneficiaries, and schedule of distributions, if any; also send bank statements for all accounts held in this trust 8/1/2024-present day

The appellant's representative did not dispute the MassHealth representative's testimony and acknowledged that all the verifications from the May 5, 2025 notice still outstanding. She explained that unfortunately, this is a unique case, and she is having significant difficulties with working with the appellant and his spouse to obtain the outstanding verifications. The appellant was discharged from the nursing facility on to a local jail, and to the best of her knowledge, the appellant had been incarcerated for assaulting another resident at the nursing facility up until the last week in . She then testified that the appellant's spouse was adamant that the appellant must go to the bank with her because she asserted that her name is not on any of the bank accounts, and that is why the bank statements were delayed. The appellant's representative stated, "at the moment, my hands are tied," but she is hopeful that the appellant's spouse is going to assist her with obtaining the outstanding verifications in the next few weeks. She stated that if the appellant could have a little more time, she believed that the outstanding verifications would be submitted to MassHealth soon; the appellant's representative then requested that the record be kept open to allow her more time to gather the outstanding documentation.

At the conclusion of the hearing, it was agreed that the record would be held open until August 4, 2025 for the appellant to provide the outstanding verifications to MassHealth and the Hearing Officer, and then MassHealth would have a week to process the submission and respond. Exhibit 6. On August 5, 2025, the appellant's representative emailed the Hearing Officer and the MassHealth representatives, "Unfortunately, I did not receive any of the information that was needed. I appreciate having the record open until yesterday." Exhibit 7. The Hearing Officer closed the administrative record on August 5, 2025.

Page 3 of Appeal No.: 2509597

Findings of Fact

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

- 1. The appellant is a married adult under the age of 65 who was a resident of a nursing facility.
- 2. On February 28, 2025, an application for MassHealth Long-Term care benefits was filed on the appellant's behalf. Testimony, Exhibit 5.
- 3. On May 5, 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 June 26, 2025. Exhibit 2.
- 5. Following the appeal hearing, the appellant's representative requested that the record be kept open until August 4, 2025 for submission of missing verifications, which was granted. Testimony, Exhibit 6.
- 6. As of the issuance of this decision, the following verifications are still outstanding:
 - **Signed adult disability supplement**, with all releases signed;
 - Proof the appellant has applied for Social Security Disability;
 - Savings Account XXXX: statements 8/1/2024-present day; verification of all transactions over \$1500;
 - [Family Name] Family Irrevocable Trust: send copy of entire trust document, including schedule of assets, schedule of beneficiaries, and schedule of distributions, if any; also send bank statements for all accounts held in this trust 8/1/2024-present day
 - **Vehicle**: please send copy of current registration and excise tax bill; Kelly blue book value for this vehicle;
 - Money Market Account XXXX: please send copy of statements for 8/1/2024present. Please verify all transactions \$1500 or more.
 - Checking Account XXXX: please send copy of statements for 8/1/2024-present. Please verify all transactions \$1500 or more;
 - Completed Disability Supplement;
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 - Monthly mortgage
 - Monthly Homeowners' Insurance

Page 4 of Appeal No.: 2509597

Completion of Long Term Care Supplement

• [SPOUSE OF APPELLANT]

- Proof of other income from NOTE TO [SPOUSE]
 Please send documentation showing your gross monthly income
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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 \$2,000 asset limit for an individual and a \$3,000 asset limit for certain couples living together in the community. See 130 CMR 520.003(A).

Page 5 of Appeal No.: 2509597

In this case, 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 February 28, 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

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

Page 6 of Appeal No.: 2509597