

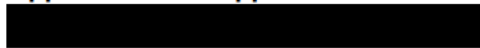
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510170
Decision Date:	10/28/2025	Hearing Date:	8/6/2025
Hearing Officer:	David Jacobs	Record Open:	10/06/2025

Appearance for Appellant:



Appearance for MassHealth:

Lori Vanzile, Taunton MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Verifications
Decision Date:	10/28/2025	Hearing Date:	8/6/2025
MassHealth Rep.:	Lor Vanzile	Appellant Rep.:	██████████
Hearing Location:	Board of Hearings (Remote)		

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 6/6/2025, MassHealth notified the appellant that she is not eligible for MassHealth long-term care (“LTC”) benefits because she did not give MassHealth the information it needs to decide her eligibility within the required time frame (Exhibit 1). The appellant filed a timely appeal on 7/9/2025 (Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032(A)).

Action Taken by MassHealth

MassHealth notified the appellant that she is not eligible for MassHealth long-term-care services because she did not give MassHealth the information it needs to decide her eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

Summary of Evidence

The MassHealth representative appeared at the hearing telephonically and testified in summary as follows: The appellant originally applied for MassHealth long-term care benefits on March 7, 2025 and the application was denied by notice dated April 24, 2025, for failure to submit requested verifications (Exhibit 5, p. 2). The appellant applied again for MassHealth long-term care benefits on 4/30/2025 (Exhibit 5, pg. 1). Documents for the requested start date of benefits are still pending *id.* On 5/1/2025, a request for information was sent to the appellant requesting the following:

Proof of Other Income; You did not disclose the [Name redacted] Family Irrevocable Trust on your application. Please submit fully copy of trust document including the Statement of Beneficiaries and a statement from the Trustee listing all assets held in the Trust

Proof of Other Income; The Permission to Share Information form submitted is not complete. Please complete Section 8 in its entirety and resubmit.

Proof of Other Income; Please complete and return the Statement of Intent to Return Home.

Proof of Rental Income from [Address redacted] Please submit full copy of lease agreement and verification of where the monthly income from the rental is deposited each month.

Proof of Health Insurance Information Medical Insurance [Name redacted] Please submit copy of front and back of insurance card and current premium bill.

Proof of Assets from a Trust from [Name redacted] XXXXXX Please submit full copy of executed Trust document, current Trustee Certificate stating the assets held in Trust and verification of trust assets.

Proof of Bank Account Information from Personal Needs Allowance (PNA) Account xxxxx Please have the Nursing Home submit the following:1) Personal needs account statement and the running balances from the date the account was opened to present. 2) Private payment letter listing all of the payments paid to the facility and what dates it covered (if any).

Proof of Real Estate from Primary Residency [address redacted] Please submit copy of real estate tax bills as copies provided are not legible, deed and current mortgage statement, if any.

Proof of Real Estate from Life Estate [address redacted] You did not disclose this property on your application but was located through our asset verification system. Please submit current copy of deed, real estate tax bill and mortgage statement, if any.

[REDACTED] Please submit a current policy value letter dated within 60 days showing policy owner, policy type, face amount and current cash surrender value.

[REDACTED] Please verify all withdrawals and deposits over \$1,500. Verification of withdrawals would be receipts and deposits would be copies of the source. Copies of checks must be included with each statement. Please be sure clear copies of statements are submitted.

Nursing Facility Screening Notification

Residence: Notification of Admission to Facility (SC-1 form)

id. The appellant did not submit all requested verifications and the application was denied by notice dated 6/6/2025. The MassHealth denial notice dated 6/6/25 lists the following outstanding verifications:

Proof of Rental Income from [address redacted] (due date: June 5, 2025) Please submit full copy of lease agreement and verification of where the monthly income from the rental is deposited each month.

Proof of Health Insurance Information Medical Insurance [name redacted] (due date: June 5, 2025) Please submit copy of front and back of insurance card and current premium bill.

Proof of Bank Account Information from Checking Account [bank and appellant names redacted] (due date: June 5, 2025)

[REDACTED] Verification of withdrawals would be receipts and deposits would be copies of the source. Please confirm the several deposits made from [name redacted]. Are these rent payments? Please confirm payment to [insurance company name redacted]. If this is for a long-term care policy or life insurance, copies of the contracts are needed.

Proof of Real Estate from Life Estate [address and name redacted] (due date: June 5, 2025) You did not disclose this property on your application but

was located through our asset verification system. Please submit current copy of deed, real estate tax bill and mortgage statement, if any. A copy of real estate tax bill and mortgage statement, if any, was not provided. This is a countable asset and an Agreement to Sell and proof the home is listed on the market is needed.

Proof of Long Term Care Insurance – [appellant name redacted] (due date June 5, 2025)
Please submit copy of entire contract, verification of when payments began paying, amount being paid, to whom and proof of where the funds are deposited each month.

id. The MassHealth representative testified that MassHealth needs the requested financial documents including bank statements, income documentation, real property documentation, and documents from the nursing home (see Exhibit 5, pgs. 5-6). The MassHealth representative testified that as of the hearing date, the following verifications were still outstanding:

Proof of Bank Account Information from Checking Account [name and acct number redacted]: Please submit bank statements from [redacted] Verification of withdrawals would be receipt and deposits would be copies of the source. Please confirm the several deposits made from [name redacted]. Are these rent payments.

**Please confirm payment to [insurance company name redacted].
If this is for a long term care policy or life insurance, copies of contract are needed.

Proof of Long Term Care Insurance: Please submit copy of entire contract, verification of when payments began paying, amount being paid, to whom and proof of where the funds are deposited each month.

**Face sheet was received but still need full policy, when payments began paying, amount being paid and to whom and proof of where the funds are deposited each month. **

Proof of Real Estate from Life Estate [address redacted]:

This is not an outstanding verification that is needed to determine the case.

*•Applicant owns a life estate in this property and unless the property is sold and verified, the life estate value is a countable asset**

The MassHealth representative noted that she reviewed the outstanding verifications with the appellant on 07/28/25 and it was stated at that time that the family will be putting the real estate property reference above on the market for sale (Exhibit 5, p. 2).

The appellant's representative appeared at the hearing telephonically. She conceded to the facts laid out by MassHealth and testified that she needed additional time to submit the requested documents. The hearing officer left the record open until 8/20/2025 for the appellant's representative to submit documents and 9/3/2025 for MassHealth to review the submissions (Exhibit 6, pg. 8). On 8/19/2025, the appellant's representative requested additional time for submissions (Exhibit 6, pg. 7). The request was granted, and the record open period was extended until 9/3/2025 to submit documents and until 9/10/2025 for MassHealth to review the submissions *id.* On 9/1/2025, the appellant representative sent an email requesting another extension because she was having difficulty getting documentation from the appellant's LTC insurance policy (Exhibit 6, pg. 6). The hearing officer granted the extension, and the record open period was extended to 9/17/2025 for submissions and until 9/24/2025 for MassHealth to review them *id.* On 9/11/2025, the appellant representative sent an email requesting another extension as the financial institutions she was working with were moving at a "snail's pace" (Exhibit 6, pg. 5). The hearing officer granted the extension until 10/6/2025 for submissions. By email dated October 7, 2025, the hearing officer informed the parties "The record is closed for the appellant to submit documents. MassHealth has until 10/13/2025 to review the submitted documents. Thank you." (Exhibit 6, pg. 4).

On 10/8/2025, the MassHealth representative sent an email indicating that not all requested documents had been submitted (Exhibit 6, pg. 3). By email dated October 8, 2025, the hearing officer informed the parties, "I will give the appellant until the end of tomorrow (10/9/2025) to respond. However, I am not willing to extend the record open period any further. [MassHealth representative] what documents are still outstanding from MassHealth's request?" (Exhibit 6, p. 3) On 10/9/2025, the MassHealth representative clarified that statements for a [REDACTED] account and the LTC insurance policy documentation were still outstanding (Exhibit 6, pg. 2). On October 9, 2025, the appellant representative responded by submitting [REDACTED] checking account statements and some LTC insurance policy information with questions similar to those she asked earlier about what specific LTC insurance policy documents MassHealth needed (Exhibit 6, pg. 1). The hearing officer rejected these submissions as being outside the record open period that ended on 10/6/2025 *id.* Further the necessary LTC policy documentation was set forth in MassHealth's denial notice dated June 6, 2025, and in the record open form which incorporated the denial notice and the list of outstanding verifications in MassHealth's hearing packet.

Findings of Fact

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

1. On 4/30/2025, the appellant applied for MassHealth long-term care benefits.
2. On 05/01/2025, MassHealth sent the appellant a request for verifications due 05/31/2025.
3. The appellant did not submit all requested verifications and on 6/6/2025 MassHealth denied the appellant's application for missing verifications.

4. The missing verifications included the appellant's bank statements, income documentation, real property documentation, and information regarding the appellant's LTC policy. (See Exhibit 5, pgs. 5-6)
5. After several extensions the record was held open until 10/6/2025 for the appellant representative to submit documents and until 10/13/2025 for MassHealth to review the submissions.
6. On 10/8/2025 and 10/9/2025, the MassHealth representative reported that some requested bank statements and LTC insurance documentation were still outstanding.
7. On 10/8/2025, the hearing officer emailed both parties asking appellant representative to respond but noted that the record open period was closed for any submissions.
8. On 10/9/2025, the appellant representative submitted bank statements and some LTC insurance documentation with questions about what LTC documentation MassHealth would accept.
9. The hearing officer did not accept the 10/9/2025 submissions by the appellant representative into the record as it was outside the record open period.

Analysis and Conclusions of Law

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility (130 CMR 516.001). 130 CMR 516.001(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 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(C) sets forth the process regarding the receipt of corroborative information, and provides as follows:

If the requested information, except for 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.

By request dated May 1, 2025, MassHealth requested the appellant's financial documents

including bank statements, income documentation, real property documentation, and documents from the nursing home, as well as information regarding an insurance policy. (See Exhibit 5, pg. 5-6). Verifications were not submitted timely and the application was denied by notice dated June 6, 2025. In the June 6, 2025, denial notice, MassHealth sets forth the specific verifications outstanding, including real estate information, bank account information and proof of long term care insurance, specifically a copy of the entire contract, verification of when payments began paying, amount being paid, to whom, and proof of where the funds are deposited each month. At the hearing, MassHealth reiterated the specific bank account information and long term care insurance information that was needed.

With extensions, the record was held open until 10/6/2025 for the appellant to submit the requested documents (Exhibit 6, pg. 4). By email dated October 7, 2025, the hearing officer informed the parties “The record is closed for the appellant to submit documents. MassHealth has until 10/13/2025 to review the submitted documents. Thank you.” (Exhibit 6, pg. 4). On 10/8/2025, MassHealth reported that not all the requested documents had been submitted (Exhibit 6, pg. 3). A review of the record reveals that indeed the requested M&T checking statements and LTC insurance policy documentation had not been submitted by the appellant by the record close date of 10/6/2025. This is further confirmed by the appellant representative’s rush to submit some documentation in response to the hearing officer’s inquiry on 10/8/2025¹ (Exhibit 6, pg. 1). 130 CMR 610.004 defines a record open period as “a period of time determined by the hearing officer that, if allowed by the hearing officer within his or her discretion, permits either party to a fair hearing the opportunity to submit post-hearing documentation, relevant evidence, or legal arguments.” Here, the hearing officer clearly stated in his email on 9/11/2025 that he was unlikely to grant another extension after granting the one until 10/6/2025 for submissions (Exhibit 6, pg. 4). The hearing officer further made it clear in his email on 10/07/2025 that, “[t]he record is closed for the appellant to submit documents,” and his email on 10/8/2025 stating that he was “not willing to extend the record open period any further” (Exhibit 6, pg. 2). It is within the hearing officer’s discretion to adhere to these statements and refuse to accept documents submitted on 10/09/2025, which was outside the record open period. The appellant representative had ample time and warning that document submission would not be allowed outside the record open period.

The appellant has not demonstrated that she has submitted all requested verifications in compliance with 130 CMR 516.001 by the record close date of 10/6/2025. Therefore, MassHealth did not err in its decision to deny the appellant’s application for missing verification documents.

¹ Although the submissions submitted after the record closed are not part of the record, it would appear that the LTC policy information is still outstanding in light of the appellant representative’s inquiry as to what documentation was required; the appellant should not have any questions about what was needed in terms of LTC policy verification as such was set forth in detail in the MassHealth denial notice dated June 6, 2025, the MassHealth representative’s hearing testimony, and the record open email which incorporated the MassHealth representative’s testimony and hearing submission.

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.

David Jacobs
Hearing Officer
Board of Hearings

cc:

Taunton MEC

