

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2512681
Decision Date:	10/14/2025	Hearing Date:	09/29/2025
Hearing Officer:	Susan Burgess-Cox	Record Open to:	10/07/2025

Appearance for Appellant:



Appearance for MassHealth:

Krystina Trout



*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:	Approved	Issue:	Long-Term Care - Verifications
Decision Date:	10/14/2025	Hearing Date:	09/29/2025
MassHealth's Rep.:	Krystina Trout	Appellant's Rep.:	[REDACTED]
Hearing Location:	All Parties Appeared by Telephone		

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 30, 2025, MassHealth denied the appellant's application for long-term care benefits because the appellant did not give MassHealth the information it needs to decide her eligibility within the required time frame. (130 CMR 515.008; 130 CMR 516.003; Exhibit 1). The appellant's attorney-in-fact filed a timely appeal on August 29, 2025. (130 CMR 610.015; Exhibit 2; Exhibit 3). A hearing was held on September 29, 2025 and, at the request of the parties, the record was held open until October 3, 2025. (Exhibit 7).

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for long-term care benefits because the appellant did not give MassHealth the information it needs to decide her eligibility within the required timeframe. (130 CMR 515.008; 130 CMR 516.001).

Issue

Whether MassHealth was correct in denying the appellant's application for long-term care

benefits because the appellant did not give MassHealth the information it needs to decide her eligibility within the required time frame.

Summary of Evidence

All parties appeared by telephone. Documents presented by MassHealth are incorporated into the hearing record as Exhibit 5. Documents presented by the appellant are incorporated into the hearing record as Exhibit 6. On May 13, 2025, MassHealth received an application for long-term care seeking coverage as of March 20, 2025. On May 22, 2025, MassHealth issued a request for information seeking information on or before June 21, 2025. The request included verification of several bank accounts, proof of income, and a nursing facility screening. As of the date of the hearing, the agency still had not received information for 6 bank accounts.

At hearing, the appellant's representative did not dispute the fact that there were items outstanding. The appellant's representative testified that the appellant's spouse is the only one who can request statements from each bank and she has been working with the family to obtain the necessary information. The record was held open to provide the parties with the opportunity to obtain and review any additional evidence. (Exhibit 7).

During the record-open period, MassHealth accepted all of the information submitted as satisfying the request for information necessary to determine eligibility except for information from two institutions: [Bank #1] and [Credit Union]. For [Bank #1], the appellant's representative provided information from an on-line banking screen stating that the account from [Bank #1] is closed. The document lists the bank name [Bank #1] and the last 4 digits of the account number. This name and number are the same as those on the request for information presented by MassHealth and a statement from [Bank #1] ending on June 6, 2025 which has an ending balance of \$0. The MassHealth representative stated that the information was not sufficient as it was "simply a screen shot, with no member name attached to it or full account number, so this does not meet verification". (Exhibit 9).

For the [Credit Union] accounts the appellant's representative presented: statements for the accounts; a letter from the credit union with the community spouse's membership number noting the start and end dates of the membership [July 13, 2006 to August 2, 2024]; an explanation of the types of accounts and their categorization by number including Account #1 as a primary savings and Account #5 as a free checking account; and an affidavit from the community spouse confirming the membership, account number and account types for the credit union. In reviewing the documents, MassHealth accepted statements that included the membership number and types of accounts, Account #1 as a primary savings account and Account #5 as a free checking account, but would not accept a statement from the community spouse regarding the structure of the accounts, their association with the membership and how the information regarding the primary savings [Account #1] and free checking [Account #5] are from the account that the agency still called into question. The request for information seeks verification of accounts from the credit

union with numbers that it appears the agency created noting one ending in 4-digits and two others that the agency labels as [Membership Number]-1 and [Membership Number]-5. The agency appears to consider the membership number and type of account as account numbers. The community spouse noted that the membership number is not an account number as categorized by the agency.

Findings of Fact

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

1. MassHealth received an application for long-term care seeking coverage as of March 20, 2025.
2. On May 22, 2025, MassHealth issued a request for information seeking information on or before June 21, 2025.
3. During the appeal process, MassHealth accepted all of the information submitted as satisfying the request to provide information necessary to determine eligibility except for information regarding two accounts: [Bank #1] and a credit union account.
4. A banking screen presented by the appellant for [Bank #1] shows the bank name, the last 4 digits of the account number listed by the agency in their request for information and a statement that the account is closed.
5. A statement from [Bank #1] ending on June 6, 2025 has an ending balance of \$0.
6. The community spouse's membership in a credit union under the membership number listed on the statements was from July 13, 2006 to August 2, 2024.
7. MassHealth categorized 3 credit union accounts naming them [Membership Number]-1; [Membership Number]-5 and a separate account number.
8. Statements from the credit union contain a membership number and type of account.
9. Account #1 is a primary savings account.
10. Account #5 is a free checking account.
11. Both the primary savings account and free checking account fall under the same membership number and overall account number.

Analysis and Conclusions of Law

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members. (130 CMR 515.002). The regulations governing MassHealth at 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for noninstitutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as defined by Title XIX of the Social Security Act and authorized by M.G.L. c. 118E, and certain Medicare beneficiaries. (130 CMR 515.002). The appellant in this case is an institutionalized person. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply to this case. (130 CMR 515.002).

Pursuant to 130 CMR 515.008, applicants or members must cooperate with MassHealth in providing information to establish and maintain eligibility and must comply with all of the rules and regulations governing MassHealth, including recovery. MassHealth may request additional information and documentation, if necessary, to determine eligibility. (130 CMR 516.001).

To obtain the necessary information and documentation, MassHealth sends the applicant written notification requesting verifications to corroborate information necessary to determine eligibility, generally within five days of the receipt of the application. (130 CMR 516.001(B)). The notice advises the applicant that the requested verifications 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)). Under the regulations, if the requested information, with the exceptions of verification of immigration status, is not provided within 30 days of the date of the request, MassHealth benefits may be denied. (130 CMR 516.001(C)).

In this case, the appellant was given the appropriate 30 days to provide the information necessary to determine eligibility. (130 CMR 516.001). During the course of the appeal, the appellant provided the information necessary to determine eligibility. In looking at the case as a whole regarding [Bank #1], the fact that the account in question had a \$0 balance in June 2025, the statement presented during the record-open period with the same bank name, last 4 digits of the account number and indicating an account closure is all consistent with what was presented by the appellant's representative before and during the course of the appeal as well as in the request for information presented by the agency. Therefore, the information regarding [Bank #1] met the agency's request.

The information regarding the credit union accounts is also consistent with what was presented with the application, at hearing, and during the record-open period. While it is understandable that MassHealth may want more information about a specific account number, the statements presented do not have such a number, the agency did not indicate how they obtained such a number, and the appellant's spouse provided a credible explanation of the structure of the credit union's account system, noting that the statements only include information about the membership number and account type. It appears that the agency was possibly creating

separate account numbers using the membership number and account type rather than accepting a credible statement from the appellant's spouse about the account structure and considering a possible error in how the agency named and categorized the accounts. The information about the credit union accounts meets the agency's request.

Pursuant to 130 CMR 610.071(A)(2), the effective date of any adjustments to the appellant's eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted. In this case, supporting evidence was submitted on the day of the hearing as well as during the record-open period. Under the regulations governing the fair hearing process, MassHealth can determine eligibility honoring an application submitted in May 2025.

This appeal is approved.

Order for MassHealth

Continue processing the long-term care application dated May 13, 2025.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

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MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186