

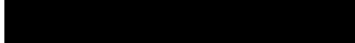
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514584
Decision Date:	12/12/2025	Hearing Date:	11/03/2025
Hearing Officer:	Christopher Jones	Record Open to:	12/15/2025

Appearance for Appellant:



Appearance for MassHealth:

Lynn Bloomquist – Tewksbury Intake



*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:	12/12/2025	Hearing Date:	11/03/2025
MassHealth's Rep.:	[REDACTED]	Appellant's Rep.:	Suzy Peternel
Hearing Location:	Telephonic	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 August 8, 2025, MassHealth denied the appellant's June 2025 long-term-care application because the appellant did not provide information MassHealth needs to decide eligibility. (Exhibit 1; 130 CMR 515.008; 516.003.) The appellant filed this appeal in a timely manner on October 6, 2025. (Exhibit 1; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Following the hearing, the hearing record was held open until December 1, 2025, for the appellant to submit missing verifications. MassHealth was allowed until December 15, 2025, to respond.

Action Taken by MassHealth

MassHealth denied the appellant's application for long-term-care benefits for failing to provide information needed to determine eligibility.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.003, in determining that the appellant failed to provide financial information needed to determine eligibility.

Summary of Evidence

The appellant is over the age of 65, and they entered the nursing facility in the spring of [REDACTED]. On June 25, 2025, a long-term care application was filed, and the nursing facility is seeking coverage as of June 21, 2025. MassHealth had mailed out a request for information and then denied the application on August 8, 2025, when all requested verifications were not submitted. At the hearing, MassHealth's representative testified that many verifications were still missing, including: gross pension information, bank statements for 2 bank accounts, surrender value for a life insurance policy, and real estate information. MassHealth was also waiting for a copy of the appellant's personal-needs allowance ("PNA") statement and private pay letter from the nursing facility.

The appellant's representative works in the business office at the nursing facility in which the appellant resides. She testified that she was working on gathering the documents and had already started the process of transferring the life insurance policy to a funeral home in order to make the asset non-countable. The appellant's representative also offered a 2024 1099 to verify the appellant's pension. MassHealth's representative felt that this document was too old to verify the current pension amount. MassHealth also had questions regarding the nature of the pension, given that the payor of the pension changed.

The appellant was initially given 2 weeks, until November 17, 2025, to submit the requested verifications. The order keeping the record open specifically noted that the appellant need not reduce their assets, merely verify the total value of assets. On November 12, 2025, the appellant's representative requested an extension, saying they had submitted some verifications to MassHealth directly, but they were still waiting for the pension information and verifications of several large deposits into the appellant's bank accounts. The appellant's representative believed they would need "no more than 2 weeks." The extension was granted until December 1, 2025, but the appellant was informed that any further extensions would require a showing of good cause for why additional time was needed. MassHealth was to have until December 15, 2025, to review and respond.

On November 28, 2025, the appellant's representative submitted a copy of the deed for the appellant's home, an assessed value for the property, and a current mortgage statement. Also submitted were verifications of some of the deposits into the appellant's 2 bank accounts. The appellant's representative requested an additional extension to submit proof that the life insurance policy had been transferred to the funeral home to make it non-countable. The appellant's representative had also just spoken with someone at the pension company about having a form mailed out to get the pension information.

The appellant's representative was reminded that only the surrender value of the life insurance policy was needed at this time. It was also noted that there did not appear to be good cause to extend the record, as no reason was provided for why the pension company had not been contacted earlier, and the appellant's representative had not even mentioned the PNA account

verification or private pay statement. As these are documents prepared by the nursing facility, there was no reason they could not have been provided.

The appellant's representative responded "I PVT PAY PNA letter was submitted back in July. Unfortunately, I request the information needed and I am at the family's mercy." (Exhibit 4.) No further documents were submitted into the hearing record.

Findings of Fact

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

- 1) The appellant entered a nursing facility in the spring of [REDACTED]. An application for long-term care benefits was submitted on his behalf on June 25, 2025. (Testimony by MassHealth's representative.)
- 2) On August 8, 2025, MassHealth denied the application because requested verifications were not provided, and an appeal was filed on October 6, 2025. (Exhibit 1.)
- 3) As of the hearing, MassHealth had not received the requested bank statements, proof of deposits, verification of the appellant's pension, the surrender value for the appellant's life insurance policy, real estate information, or a PNA statement and private pay letter from the appellant's nursing facility. (Exhibit 3; testimony by MassHealth's representative.)
- 4) The hearing record was held open to allow the appellant time to submit the requested verifications, and one extension was granted until December 1, 2025. (Exhibit 4.)
- 5) On November 28, 2025, the appellant's representative requested a second extension. The appellant's representative submitted proof of the real estate value and proof of many deposits into the appellant's 2 accounts. (Exhibit 4; see also Exhibits 5-7.)
- 6) The appellant's representative acknowledged that they did not have the pension verification or life insurance value, and the PNA statement and private pay letter were not submitted into the hearing record. (Exhibit 4.)

Analysis and Conclusions of Law

MassHealth applicants must establish financial eligibility, which includes showing that their assets are below a threshold and that they reduced their assets in accordance with state and federal law. (See 130 CMR 520.000.) To qualify for long-term-care benefits, an applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001.) "If the requested information is received within 30 days of the date of denial, the date of receipt of one or more of the verifications is considered the date of reapplication." (130 CMR 516.002(A).) If a MassHealth member fails to cooperate with MassHealth

and submit the documentation requested, MassHealth will deny the member's application. (See 130 CMR 515.008(C).)

The appellant's representative alleged that they had submitted some verifications to MassHealth, such as the PNA statement and private pay letter. However, MassHealth alleged they did not have them, and the appellant never submitted them into the administrative record. Similarly, the appellant need only have submitted the cash-surrender value of the life insurance policy. Instead, they pursued having the asset excluded from countability by transferring it to a funeral home. No documentation regarding these actions was ever submitted into the hearing record to document the appellant's actions. Therefore, the record reflects a lack of verifications, despite additional time being afforded through the hearing and record open extensions. 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.

Christopher Jones
Hearing Officer
Board of Hearings


MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957