

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2415723
Decision Date:	06/26/2025	Hearing Date:	02/12/2025
Hearing Officer:	Kenneth Brodzinski	Record Open to:	06/12/2025

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:	DENIED	Issue:	Eligibility; Missing Verifications
Decision Date:	06/26/2025	Hearing Date:	02/12/2025
MassHealth's Rep.:	Krystina Trout	Appellant's Rep.:	Grace De LaPuenta
Hearing Location:	Springfield MEC		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated August 15, 2024, MassHealth denied Appellant's application for MassHealth Long Term Care (LTC) benefits due to the failure to provide MassHealth with requested verifications needed to determine financial eligibility (Exhibit A). Appellant filed for this appeal in a timely manner on October 15, 2024 (see 130 CMR 610.015(B) and Exhibit A). Denial of MassHealth benefits constitutes valid grounds for appeal (see 130 CMR 610.032). Scheduling was postponed pending the appointment of a personal representative for the decedent's estate.

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth LTC benefits due to failing to provide MassHealth with requested verifications needed to determine financial eligibility.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied Appellant's application for MassHealth LTC benefits due to the failure to provide MassHealth with requested verifications needed to determine financial eligibility.

Summary of Evidence

Both parties appeared by telephone. Prior to hearing, MassHealth submitted a packet of documentation pertaining to the receipt and processing of Appellant's LTC application (Exhibit B).

The MassHealth representative reviewed dates pertinent to Appellant's LTC application filed in April 2024, including the date that a written verification request was sent to Appellant. The stated due date for the verifications passed with Appellant having failed to file all of the requested documents. The MassHealth representative reviewed the verifications that were still missing.

Appellant's representative did not disagree with the MassHealth representative's testimony and requested an additional month to file the requested verifications. The request was granted. Prior to the first record-close date, Appellant's representative contacted the Board to request an extension of the record-open period for another month. The extension was granted (Exhibit C). Prior to the second record-close date, Appellant's representative contacted the Board to request another extension of the record-open period for seven more weeks. The second extension was granted (Exhibit D).

On the record-close date for Appellant, May 29, 2025, Appellant filed additional documentation (Exhibit E). The following day, the MassHealth representative filed a reply to Appellant's post-hearing submission identifying several financial verifications that were still missing (Exhibit F).

Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant filed a MassHealth LTC application in April 2024.
2. MassHealth sent to Appellant a written request for financial verifications that were needed for MassHealth to make an eligibility determination.
3. Appellant failed to file financial verifications that were requested by MassHealth.
4. MassHealth denied the LTC application on August 15, 2024.
5. At the hearing, Appellant requested and was granted additional time to file the requested financial verifications.
6. Appellant made two subsequent requests to have the record-open period extended and each was granted.
7. In total, Appellant was granted from the hearing date of February 12, 2025 until May 29, 2025 to file the requested financial verifications.
8. On the record-close date for Appellant, May 29, 2025, Appellant filed additional documentation (Exhibit E).
9. The following day, the MassHealth representative filed a reply to Appellant's post-hearing submission identifying several financial verifications that were still missing (Exhibit F).
10. By Appellant's record-close date and the date of this decision, Appellant has failed to file all financial verifications needed by MassHealth to make a financial eligibility determination for Appellant.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

Regulation 130 CMR 516.003 in pertinent part states:

Verification of Eligibility Factors The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: MassHealth: Universal Eligibility Requirements, 130 CMR 518.000: MassHealth: Citizenship and Immigration, and 130 CMR 520.000: MassHealth: Financial Eligibility.

(A) Information Matches. The MassHealth agency initiates information matches with federal and state agencies and other informational services, as described at 130 CMR 516.004, when an application is received in order to verify eligibility.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications.

(2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.

(3) A new application is required if a reapplication is not received within 30 days of the date of denial.

Appellant has simply repeatedly failed to provide all verifications needed by MassHealth to make a financial eligibility determination. The verifications were first requested on the LTC application itself that was filed over a year ago, in April 2024. Thereafter, those that were missing were requested through a separate written request. Failing to fully comply with those requests, the missing items were again identified and discussed at hearing. Appellant was ultimately given more than 15 weeks after the hearing, upon multiple requests for additional time, to file all verifications and failed to do so.

On this record, there is no basis in fact and/or law to disturb MassHealth's denial of August 15, 2024.

None.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings



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