

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2417191
<b>Decision Date:</b>	07/29/2025	<b>Hearing Date:</b>	03/25/2025
<b>Hearing Officer:</b>	Christine Therrien	<b>Record Open to:</b>	07/01/2025

**Appearance for Appellant:**



**Appearance for MassHealth:**

Kim McAvinchey, Tewksbury



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	LTC -- verifications
<b>Decision Date:</b>	07/29/2025	<b>Hearing Date:</b>	03/25/2025
<b>MassHealth's Rep.:</b>	Kim McAvinchey	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Telephonic		

### 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 11/27/24, MassHealth denied the appellant's application for Long-Term Care (LTC) benefits because MassHealth did not receive the requested documents within the required timeframe. (130 CMR 516.001 and Exhibit 1). The appellant filed this appeal in a timely manner on 2/27/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032). The record was left open until 6/17/25 for the appellant to submit the missing verifications and until 7/1/25 to allow MassHealth to review all submissions. (Exhibit 6).

### Action Taken by MassHealth

MassHealth denied the appellant's LTC benefits application due to the failure to submit the required verifications.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant is ineligible for LTC benefits for failing to submit the required

verifications.

## Summary of Evidence

The appellant was a single individual over the age of 65. The appellant died on [REDACTED]. On 2/6/25, a personal representative for the appellant's estate, [REDACTED], was appointed by the court. The appellant submitted a MassHealth LTC application on 10/11/24. The appellant was admitted to the facility on [REDACTED] with a requested start date of [REDACTED]. The MassHealth representative testified that on 10/17/24, MassHealth sent a request for verifications due within 30 days. The MassHealth representative testified that on 11/27/24, a denial was issued for failure to submit all the required verifications. (Exhibit 1). The MassHealth representative testified that the following verifications were outstanding:

1. Statements for two accounts at [REDACTED] with verification of all transactions of \$1,000 or more.
2. [REDACTED] cash value and status of disbursement at time of death.
3. Pension deposit verification.
4. [REDACTED], a signed and dated letter of explanation whether or not the appellant still owned the property. If sold or transferred, send proof date of sale/transfer, fair market value at that time, amount received, and how funds were disbursed and spent down.

Following the appeal hearing, the record was left open until 6/17/25 to allow time for the appellant's estate's representative to submit the missing verifications and until 7/1/25 to give MassHealth time to review all the submitted verifications. (Exhibit 6).

The record closed on 7/1/25 because the appellant's estate's representative had not submitted any of the requested verifications, nor had she requested additional time. (Exhibit 7).

## Findings of Fact

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

1. The appellant submitted a MassHealth LTC application on 10/11/24.
2. The appellant died on [REDACTED].
3. On 2/6/25, a personal representative for the appellant's estate, [REDACTED], was appointed by the court.
4. The appellant was admitted to the facility [REDACTED] with a requested coverage start date of [REDACTED].

5. On 10/17/24, MassHealth sent a request for verifications due within 30 days.
6. On 11/27/24, MassHealth issued a denial to the appellant for failure to submit all the required verifications.
7. The following verifications were outstanding as of the hearing date:
  - Statements for two accounts at [REDACTED] with verification of all transactions of \$1,000 or more.
  - [REDACTED] cash value and status of disbursement at time of death.
  - Pension deposit verification.
  - [REDACTED], a signed and dated letter of explanation whether or not the appellant still owned the property. If sold or transferred, send proof date of sale/transfer, fair market value at that time, amount received, and how funds were disbursed and spent down.
8. The record was left open until 6/17/25 to allow time for the appellant's representative to submit the missing verifications and until 7/1/25 to give MassHealth time to review all the submitted verifications.
9. The record closed on 7/1/25 because the appellant's representative had not submitted any of the requested verifications, nor had she requested additional time to do so.

## **Analysis and Conclusions of Law**

Regulation 130 CMR 516.001(C) provides that MassHealth may request additional information or documentation, if necessary, to determine eligibility. The request is generally sent to the applicant within 5 days of receipt of the application and provides 30 days to return the needed documents. Pursuant to 130 CMR 516.001(D), if the verifications are not submitted within 30 days of the date of the request, MassHealth benefits may be denied. Thereafter, if one or more of the documents are submitted within 30 days of the denial, the date of receipt shall be the reapplication date.

The appellant's representative neither submitted any of the missing verifications nor requested additional time. Since the appellant has not provided the verifications necessary to determine MassHealth eligibility, MassHealth correctly denied the application.

The 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.

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Christine Therrien  
Hearing Officer  
Board of Hearings

[REDACTED]

[REDACTED]

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center