

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417841
Decision Date:	03/11/2025	Hearing Date:	12/16/2024
Hearing Officer:	Christine Therrien	Record Open to:	03/7/2025

Appearance for Appellant:



Appearance for MassHealth:

Lynn Bloomquist, 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

Appeal Decision:	Denied	Issue:	LTC; Missing Verifications
Decision Date:	03/11/2025	Hearing Date:	12/16/2024
MassHealth's Rep.:	Lynn Bloomquist	Appellant's Rep.:	
Hearing Location:	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 11/13/2024, MassHealth denied the appellant's application for Long-Term Care 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 11/20/2024. (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 2/28/2025 for the appellant to submit the missing verifications and until 3/7/2025 to allow MassHealth to review all submissions. (Exhibit 6).

Action Taken by MassHealth

MassHealth denied the appellant's Long-Term Care (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 is a single individual [REDACTED] who was admitted to a long-term care facility on [REDACTED]. The appellant submitted an application for MassHealth long-term care benefits on 9/26/2024, with a requested coverage start date of 2/2/2024. The MassHealth representative testified that a denial was issued on 11/13/2024 for failure to submit all the required verifications. (Exhibit 1).¹ The MassHealth representative testified that MassHealth is missing the following verifications:

- [REDACTED] life insurance policy verification of ownership. There is an automatic withdrawal monthly from the [REDACTED] bank account for \$43.61.
- [REDACTED]
Provide the source of all deposits and explain all disbursements of \$1000.00 more.
Explain Disbursements:
 - 12/1/2023 withdrawal of \$5,425.00
 - 11/4/2023 withdrawal of \$1,500.00
- Nursing Facility screen (short-term expired)
 1. Application for Long-Term Care.
 2. SC1
 3. Denial notice 11/13/2024

The record was left open until 2/28/2025 to allow time for the appellant's representative to submit the missing verifications. (Exhibit 6).

The appellant's representative submitted almost all the missing verifications prior to the record closing on 02/28/2025. (Exhibit 7). The appellant's representative was unable to supply any verifications for the [REDACTED] withdrawals. The appellant's representative supplied a copy of an email from [REDACTED] that stated they have no record of a current or past policy in the appellant's name. (Exhibit 7). The MassHealth representative stated that the letter from [REDACTED] is not sufficient to determine if the monthly withdrawal from the appellant's bank account is a potential asset. (Exhibit 8).

Findings of Fact

¹ On 11/22/2024, MassHealth received some verifications and a second request for verifications was issued with a due date of 12/22/2024.

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

1. The appellant is a single individual [REDACTED] who was admitted to a long-term care facility on [REDACTED]
2. MassHealth received a long-term care benefits application on 9/26/24, with a requested coverage start date of 2/2/2024.
3. This appeal is based on a denial that was issued on 11/13/2024 for failure to submit all the required verifications.
4. The MassHealth representative testified that MassHealth is missing the following verifications:
 - [REDACTED] policy verification of ownership. There is an automatic withdrawal monthly from the [REDACTED] bank account for \$43.61.
 - [REDACTED]
Provide the source of all deposits and explain all disbursements of \$1000.00 more.
Explain Disbursements:
 - 12/1/2023 withdrawal of \$5,425.00
 - 11/4/2023 withdrawal of \$1,500.00
 - Nursing Facility screen (short-term expired)
Application for Long-Term Care.
SC1
Denial notice 11/13/2024
5. The record was left open until 3/7/2025 to allow time for the appellant's representative to submit the missing verifications.
6. The appellant's representative submitted almost all the missing verifications prior to the record closing on 02/28/2025.
7. The appellant's representative supplied a copy of an email from [REDACTED] Insurance that stated they have no record of a current or past policy in the appellant's name.
8. The MassHealth representative stated that the letter from [REDACTED] is not sufficient to determine if the monthly withdrawal from the appellant's bank account is a potential asset.

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.

Here, the appellant's representative was unable to submit all the missing verifications. 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.

Christine Therrien
Hearing Officer
Board of Hearings



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