

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2419470
Decision Date:	02/27/2025	Hearing Date:	02/13/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:



Appearance for MassHealth:

Kathy Boileau, Taunton



*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 – missing verifications
<b>Decision Date:</b>	02/27/2025	<b>Hearing Date:</b>	02/13/2025
<b>MassHealth's Rep.:</b>	Kathy Boileau	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center		

### 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 12/05/24, 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 12/20/24. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's Long-Term Care (LTC) benefits application due to the appellant's 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 under the age of 65 who was admitted to a long-term care facility on [REDACTED]. The MassHealth representative testified that MassHealth received an SC-1 Form on 3/27/24, and the appellant was coded as a short-term stay until her discharge on [REDACTED]. The appellant was re-admitted to the long-term care facility on [REDACTED]. The MassHealth representative testified that MassHealth received a SC-1 Form on 6/4/24 and an incomplete LTC conversion application on 9/5/24. The MassHealth representative testified that on 10/30/24 MassHealth received the completed LTC conversion application, and MassHealth issued a request for verifications on 10/31/24. The MassHealth representative testified that when no verifications were received within 30 days, a denial notice was issued on 12/5/24 for missing verifications. The MassHealth representative testified that on 12/20/2024 some verifications were received and were processed. The MassHealth representative testified that the reapplication date is 12/20/24, and a second request for verifications was sent that day and were due back by 1/19/25. The MassHealth representative testified that a denial was issued on 1/27/25 for failure to submit all the required verifications. (Exhibit 1). The MassHealth representative testified that MassHealth is missing bank statements for both [REDACTED] accounts from 11/26/24 to the present, a nursing facility private pay statement, and 403B retirement plan and annuity income.

The appellant testified that the facility submitted the appeal. The appellant testified that she does not want to be in the facility, and she will not supply any documents. The appellant testified that she is not going to spend her savings from 38 years of working on a stay in a facility. The appellant testified that she wants to go home.

## Findings of Fact

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

1. The appellant is a single individual under the age of 65 who was admitted to a long-term care facility on [REDACTED].
2. MassHealth received an SC-1 Form on 3/27/24, and the appellant was coded as a short term stay until her discharge on [REDACTED].
3. The appellant was re-admitted to the long-term care facility on [REDACTED].
4. MassHealth received an SC-1 Form on 6/4/24 and an incomplete LTC conversion application on 9/5/24.
5. On 10/30/24, MassHealth received the completed LTC conversion application and MassHealth issued a request for verifications on 10/31/24.

6. When no verifications were received within 30 days, a denial notice was issued on 12/5/24 for missing verifications.
7. On 12/20/2024, some verifications were received and were processed.
8. The reapplication date is 12/20/24 and a second request for verifications was sent that day and were due back to MassHealth by 1/19/25.
9. A denial was issued on 1/27/25 for failure to submit all the required verifications.
10. MassHealth is missing bank statements for two [REDACTED] from 11/26/24 to the present, a nursing facility private pay statement, and 403B retirement plan and annuity income.
11. The appellant testified that she does not want to be in the facility, and she will not supply any documents.

## **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 does not intend to comply with MassHealth's verifications requests, and refused to submit the requested verifications because she wants to be discharged from the facility. Since the appellant has not provided the verifications necessary to determine MassHealth eligibility, MassHealth correctly denied her 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]

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center