

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2419828
Decision Date:	4/23/2025	Hearing Date:	01/28/2025
Hearing Officer:	Kenneth Brodzinski	Record Open to:	04/04/2025

Appearance for Appellant:



Appearance for MassHealth:

Yedira Rodriguez



*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 Verifications
Decision Date:	4/23/2025	Hearing Date:	01/28/2025
MassHealth's Rep.:	Yedira Rodriguez	Appellant's Rep.:	[REDACTED]
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 November 8, 2024, MassHealth denied Appellant's application for MassHealth Long Term Care (LTC) benefits due to her failure to provide MassHealth with requested verifications needed to determine her financial eligibility (Exhibit A). Appellant filed for this appeal in a timely manner on December 30, 2024 (see 130 CMR 610.015(B) and Exhibit A). Denial of MassHealth benefits constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth Long Term Care benefits due to her failure to provide MassHealth with requested verifications needed to determine her 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 Long Term Care benefits due to her failure to provide MassHealth with requested verifications needed to determine her financial eligibility.

Summary of Evidence

Both parties appeared by telephone.

The MassHealth representative reviewed dates pertinent to Appellant's LTC application filed in July 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 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 record close date of February 28, 2025, Appellant requested an additional month. The request was granted (Exhibit B). Prior to the record close date of March 28, 2025, Appellant requested another month. The request was denied (Exhibit C).

Findings of Fact

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

1. Appellant filed an application for LTC benefits in July 2024.
2. MassHealth issued a written verification request to Appellant with a due date.
3. The stated due date for the verifications passed with Appellant having failed to file all of the requested documents.
4. On November 8, 2024, MassHealth denied Appellant's application for MassHealth Long Term Care (LTC) benefits due to his failure to provide MassHealth with requested verifications needed to determine her financial eligibility (Exhibit A).
5. A hearing was held at which Appellant requested and was granted an additional month to file the verifications.
6. Prior to the record close date of February 28, 2025, Appellant requested an additional month; the request was granted (Exhibit B).
7. Prior to the record close date of March 28, 2025, Appellant requested another month; the request was denied (Exhibit C).

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 failed to provide verifications that have been requested multiple times since he filed his application in July 2024. On this record, there is no basis in fact and/or law to disturb MassHealth's denial of November 8, 2024.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

[REDACTED]

[REDACTED]

[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186