

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500327
Decision Date:	3/10/2025	Hearing Date:	1/28/2025
Hearing Officer:	David Jacobs		

Appearances for Appellant:



Appearances for MassHealth:

Jenny Chan, Quincy MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Verifications
Decision Date:	3/10/2025	Hearing Date:	1/28/2025
MassHealth Rep.:	Jenny Chan	Appellant Rep.:	
Hearing Location:	Board of Hearings (Remote)		

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 December 10, 2024, MassHealth notified the appellant that he is not eligible for MassHealth long-term care benefits because he did not give MassHealth the information it needs to decide his eligibility within the required time frame (Exhibit 1). The appellant filed a timely appeal on January 6, 2025 (Exhibit 2). The denial of assistance is valid grounds for appeal (130 CMR 610.032(A)).

Action Taken by MassHealth

MassHealth notified the appellant that he is not eligible for MassHealth long-term-care services because he did not give MassHealth the information it needs to decide his eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits?

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified in summary as follows: The appellant applied for MassHealth long-term care benefits on September 11, 2024 with a requested start date of June 1, 2024 (Exhibit 6). On December 10, 2024, a denial was issued for missing verifications (Exhibit 1). The MassHealth representative testified that they still need a large multitude of the appellant's banking, insurance, and other relevant financial documents (See Exhibit 6, pgs. 3-6).

The appellant's representative appeared at the hearing telephonically. She conceded to the facts laid out by MassHealth and testified that she needed additional time to submit the requested documents. Therefore, the hearing officer left the record open until February 25, 2025 for the appellant representative to submit documents and until March 4, 2025 for MassHealth to review the submissions (Exhibit 7). On February 25, 2025, the appellant's representative submitted some of the requested documents (Exhibits 8 and 9). On February 28, 2025, MassHealth reviewed the documents and emailed a list that shows a vast majority of the requested documents were not submitted (Exhibits 10 and 11). On March 3, 2025, the hearing officer emailed the appellant's representative and asked why the indicated documents were not included in her submissions (Exhibit 11). The appellant's representative did not respond that day. On March 4, 2025, hearing no explanation about the missing documents and no request for an extension of the record open period, the hearing officer closed the record (Exhibit 11). Later that same day, the appellant's representative responded and conceded that not all the documents were submitted and that she was slow to respond due to being on vacation (Exhibit 11). The hearing officer responded by stating the record was now closed (Exhibit 11).

Findings of Fact

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

1. On September 11, 2024, the appellant applied for MassHealth long-term care benefits.
2. On December 10, 2024, the appellant was denied for missing verifications.
3. The missing verifications are a multitude of the appellant's banking, insurance, and other financial documents. (See Exhibit 6, pgs. 3-6)
4. The record was left open until February 25, 2025 for the appellant's representative to submit the requested documents and until March 4, 2025 for MassHealth to review them.
5. On February 25, 2025, the appellant's representative submitted some of the requested documents into the record.

6. On March 3, 2025, the MassHealth representative reported that not all the requested documents had been submitted.
7. On March 4, 2025, the hearing officer closed the record.
8. Later on March 4, 2025, the appellant representative conceded that not all the requested documents had been submitted.

Analysis and Conclusions of Law

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility (130 CMR 516.001). 130 CMR 516.001(B) provides the following with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the application.
- (2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

130 CMR 516.001(C) sets forth the process regarding the receipt of corroborative information, and provides as follows:

If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

Here, MassHealth requested a multitude of the appellant's banking, insurance, and other relevant financial documents (See Exhibit 6, pgs. 3-6). The appellant representative has conceded that not all the requested verifications were submitted by the record-open deadline of February 25, 2025 (Exhibit 11). No requests for an extension of the record-open period were made by the appellant's representative during the record-open period. Therefore, MassHealth did not err in its decision to deny the appellant's application for missing verification documents.

This 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.

David Jacobs
Hearing Officer
Board of Hearings

cc: Quincy MEC

