

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500708
Decision Date:	03/18/2025	Hearing Date:	2/3/2025
Hearing Officer:	David Jacobs		

Appearances for Appellant:



Appearances for MassHealth:

Kim McAvinchey, Tewksbury 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:	03/18/2025	Hearing Date:	2/3/2025
MassHealth Rep.:	Kim McAvinchey	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 November 12, 2024, MassHealth notified the appellant that she is not eligible for MassHealth long-term care benefits because she did not give MassHealth the information it needs to decide her eligibility within the required time frame (Exhibit 1). The appellant filed a timely appeal on January 10, 2025, 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 she is not eligible for MassHealth long-term-care services because she did not give MassHealth the information it needs to decide her 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 20, 2024 with a requested start date of September 16, 2024 (Exhibit 5). On November 12, 2024, a denial was issued for missing verifications (Exhibit 1). The MassHealth representative testified that MassHealth still needs a multitude of the appellant's financial documents including tax documents, bank account statements, annuity statements, and real estate documents (see Exhibit 5).

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 17, 2025 for the appellant's representative to submit documents and until March 10, 2025 for MassHealth to review the submissions (Exhibit 6). On March 10, 2025, MassHealth confirmed that the appellant had submitted some of the requested documents (Exhibit 7). However, the vast majority of the requested documents were not submitted (Exhibit 7, pgs. 4-5). On March 11, 2025, the appellant's representative sent an email arguing that additional verifications were submitted on March 7, 2025 and that she believed the list provided by MassHealth was more than what was included in the record-open letter (Exhibit 7, pg. 2). Later that day, MassHealth responded that she had accepted the March 7, 2024 documents despite being outside the record-open period (Exhibit 7, pg. 3). However, even including these documents, there are still verifications outstanding (Exhibit 7, pg. 3). Moreover, she added that the list of documents is the exact list included on the record-open letter (Exhibit 7, pg. 3). The hearing officer then allowed another record-open extension until March 12, 2025 to give the appellant's representative an opportunity to demonstrate that all requested documents were submitted (Exhibit 7, pg. 1). The appellant's representative did not respond by the record-open deadline. On March 13, 2025, with no requests for any further extensions before him, the hearing officer moved to close the record.

Findings of Fact

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

1. On September 20, 2024, the appellant applied for MassHealth long-term care benefits.
2. On November 12, 2024, the appellant's application was denied for missing verifications.
3. The missing verifications are a multitude of the appellant's financial documents including tax documents, bank account statements, annuity statements, and real estate documents. (See Exhibit 5)
4. The record was left open until March 3, 2025 for the appellant's representative to submit the requested documents and until March 10, 2025 for MassHealth to review

them.

5. On March 10, 2025, the MassHealth representative reported that not all the requested documents had been submitted.
6. The record was extended until March 12, 2025 to give the appellant's representative an opportunity to argue that MassHealth was mistaken, and all requested documents were submitted.
7. The appellant's representative to not submit any additional documents by the close of the record on March 12, 2025.

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 financial documents including tax documents, bank account statements, annuity statements, and real estate documents. (See Exhibit 5). MassHealth reported that some, but not all, of the requested documents were submitted during the record-open period (Exhibit 7, pgs. 4-5). The appellant's representative never argued that all verifications had in fact been submitted. She argued only that MassHealth's list of missing documents included items that were not listed on the record-open letter (Exhibit 7, pg. 2). A review of both documents reveals that the list of missing documents included in each is identical (Exhibits 5 and 6). Therefore, the record establishes that the appellant's representative received proper notification during both the eligibility and hearing process. The appellant has not demonstrated that she has submitted all requested verifications in compliance with 130 CMR

516.001. 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:

Tewksbury MEC

