

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505236
Decision Date:	06/26/2025	Hearing Date:	04/22/2025
Hearing Officer:	Alexandra Shube	Record Open to:	06/13/2025

Appearance for Appellant:



Appearance for MassHealth:

Via telephone:
Mandy (Ka Lam) Lau



*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:	06/26/2025	Hearing Date:	04/22/2025
MassHealth's Rep.:	Mandy (Ka Lam) Lau	Appellant's Rep.:	[REDACTED]
Hearing Location:	Charlestown MassHealth Enrollment Center - Remote	Aid Pending:	No

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 March 13, 2025, MassHealth denied the appellant's application for MassHealth long-term care benefits because the appellant failed to submit all requested information needed to determine the appellant's eligibility within the required time frame (Exhibit 1). The appellant filed this appeal in a timely manner on April 1, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

At the request of the appellant's representative, the record was held open until May 2, 2025 for the appellant's representative to submit the missing verifications. MassHealth was given until May 16, 2025 to review and respond to the appellant's submission. At the request of the appellant, an extension was granted until May 30, 2025 for the appellant and until June 13, 2025 for MassHealth.

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits for failure to submit requested verifications in a timely manner.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant failed to submit requested verifications in a timely manner.

Summary of Evidence

The representatives for the appellant and MassHealth both appeared at hearing via telephone. The MassHealth representative testified as follows: the appellant is over the age of 65 and a resident of a nursing facility. On December 31, 2024, MassHealth received an application for long-term care benefits on behalf of the appellant requesting a start date of November 1, 2024. On January 10, 2025, MassHealth issued a request for information with a due date of February 9, 2025. MassHealth did not receive all the requested verifications and, on March 13, 2025, issued a denial notice for failure to provide all requested verifications within the required time frame. This is the notice under appeal. At the time of hearing, the following documentation (all listed on the January 10 and March 13 notices) was outstanding:

1. Proof of income from pension for 2024. Only received stub for 2025;
2. Medicare Part D insurance: Copy of card and current premium bill;
3. Bank checking account:
 - a. 11/2023-12/14/23 statement incomplete;
 - b. 5/17/24-6/13/24 statement;
 - c. 11/15/24-12/2024 statement;
 - d. Verify source of deposits and where withdrawals of \$1000 and over went from all accounts back to 11/2023. Send in proof that assets are reduced to \$2000. Send in checks and bills to reduce them;
 - e. Verify the following [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Send in bills paid;
4. Send in private pay letter listing all the payments paid to the facility and what dates it covered (if any). Did applicant pay for any private pay days?
5. Primary Residence:
 - a. Who is living in the house now?
 - b. System shows that a loan in the amount of [REDACTED]
[REDACTED] Verify where the loan funds went.
Send in checks and bills paid by the loan and 12/2024 mortgage statement with amount owed;

- c. Complete, sign, and return Agreement to Sell Property Form;
6. Life Insurance: This came from monthly deduction of \$72.60 from the above checking account. Send in letter with current face and cash value or else verify it is term;
7. Level of care screening;
8. SC-1 form.

The appellant's representative, a Medicaid specialist, testified that most of the documents listed were faxed in upon receiving the request for information. MassHealth responded that the last time it received documents from the appellant was on February 7, 2025 and the March 13, 2025 denial was based upon what was outstanding after that most recent submission. The appellant's representative stated that some documents had been submitted since that time and requested that the record be held open. The record was held open until May 2, 2025 for the appellant's representative to submit the missing verifications and until May 16, 2025 for MassHealth to review and respond.

On April 29, 2025, the appellant's representative requested an extension of the record open period which was granted. The appellant was given until May 30, 2025 and MassHealth, until June 13, 2025. The appellant made a submission on May 30, 2025. On June 12, 2025, MassHealth reported that the following documentation was still outstanding: the private pay statement did not match with bank statements and checks submitted; the SC-1 requested a start date of November 1, 2024, but the private pay statement stated that the appellant paid through December 2024; agreement to sell property form was not received; and the life insurance policy letter submitted was for a different policy from a different insurance company and did not match up with the deduction in the bank account. There was no response from the appellant's representative and the record closed.¹

Findings of Fact

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

1. The appellant is over the age of 65 and is a resident of a nursing facility (Testimony).
2. On December 31, 2024, MassHealth received a long-term care application on behalf of the appellant requesting a start date of November 1, 2024 (Testimony and Exhibit 4).

¹ On June 23, 2025, the appellant's representative emailed this hearing officer and MassHealth inquiring about getting additional time to complete the verifications. As the record closed for the appellant on May 30 and for MassHealth on June 13, she was informed that the record was closed and would not be re-opened.

3. On January 10, 2025, MassHealth issued a request for information with a due date of February 9, 2025 (Testimony and Exhibit 4).
4. MassHealth did not receive all the requested verifications and, on March 13, 2025, issued a denial notice for failure to provide all requested verifications within the required time frame. This is the notice under appeal. (Testimony and Exhibit 1).
5. Multiple verifications were outstanding at the time of hearing. These verifications were listed on the January 10, 2025 request for information and the March 13, 2025 denial notice. (Testimony and Exhibit 4).
6. The record was initially held open until May 2, 2025 for the appellant to submit outstanding verifications. MassHealth was given until May 16, 2025 to review and respond to the appellant's submission. (Exhibit 5).
7. At the request of the appellant, an extension was granted until May 30, 2025 for the appellant and until June 13, 2025 for MassHealth (Exhibit 6).
8. On May 30, 2025, the appellant timely submitted documentation for review (Exhibit 6).
9. On June 12, 2025, MassHealth responded that the following items were still outstanding or incomplete: the private pay statement did not match with bank statements and checks submitted; the SC-1 requested a start date of November 1, 2024, but the private pay statement stated that the appellant paid through December 2024; agreement to sell property form; and the life insurance policy letter submitted was for a different policy and did not match up with the deduction in the bank account. (Exhibit 6).

Analysis and Conclusions of Law

Pursuant to 130 CMR 515.008(A), an "applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." After receiving an application for MassHealth benefits, MassHealth proceeds as follows:

The MassHealth agency requests all corroborative information necessary to determine eligibility.

(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(B)). "If the requested information...is received [by MassHealth] within 30 days of the date of the request, the application is considered complete....If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied." (130 CMR 516.001(C).)

MassHealth denied the appellant's application for failure to submit all requested information needed to determine the appellant's eligibility within the required time frame. The appellant was granted a record open period and an extension of that period. At the close of the record open period, MassHealth had not received all the requested information. As the appellant has failed to submit all requested verifications, 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.

Alexandra Shube
Hearing Officer
Board of Hearings


MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129