

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505800
Decision Date:	8/25/2025	Hearing Date:	05/23/2025
Hearing Officer:	Christopher Jones	Record Open to:	07/02/2025

Appearance for Appellant:



Appearance for MassHealth:

Trish Rogers – Conversion Unit



*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:	Long Term Care; Verifications
Decision Date:	8/25/2025	Hearing Date:	05/23/2025
MassHealth's Rep.:	Trish Rogers	Appellant's Rep.:	
Hearing Location:	Telephonic	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 10, 2025, MassHealth terminated the appellant's Standard coverage and denied his January 2025 application for long-term care services because the appellant did not give MassHealth information it needs to determine his eligibility. (Exhibit 1; 130 CMR 515.008; 516.003.) The appellant filed this appeal in a timely manner on April 10, 2025. (Exhibit 1; 130 CMR 610.015(B).) The Board of Hearings dismissed this appeal on April 11, 2025, due to lack of authority. (Exhibit 3.) The appellant's Power of Attorney filed his authority, and this matter was scheduled for hearing. (Exhibits 4; 5.) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Following the hearing, the record was left open until July 2, 2025, for the appellant to submit missing verifications and for MassHealth to review and respond.

Action Taken by MassHealth

MassHealth terminated the appellant's Standard coverage and denied his long-term care conversion application because the appellant did not give MassHealth information it needs to determine his eligibility.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.001, in determining that the appellant is ineligible for coverage for failing to cooperate and verify resources.

Summary of Evidence

MassHealth's representative testified that the appellant was covered by MassHealth Standard in the community. An application for long-term-care benefits was filed on January 17, 2025, and MassHealth mailed out a request for verifications on February 3, 2025. These verifications were also needed to renew the appellant's community eligibility.

MassHealth did not receive all verifications, and on March 10, 2025, MassHealth terminated the appellant's community benefits, effective March 24, 2025. At the same time, MassHealth denied the appellant's long-term care application. As of the hearing, MassHealth was still seeking: bank statements from April 1, 2024, to present; documentation of the cash surrender value of a life insurance policy; and confirmation of whether the appellant filed taxes in 2023.

Following the hearing, the record was left open until July 2, 2025, for the appellant to submit the missing verifications, and for MassHealth to review and respond. The appellant's representative never responded.

Findings of Fact

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

- 1) An application for long-term-care benefits was filed for the appellant on January 17, 2025. The appellant was also due to renew his community eligibility. (Testimony by MassHealth's representative; Exhibits 1; 7.)
- 2) On February 3, 2025, MassHealth requested that the appellant verify eligibility information, and the appellant did not supply all information requested. On March 10, 2025, MassHealth terminated the appellant's community benefits and denied the January 2025 long-term care application. (Testimony by MassHealth's representative; Exhibit 1.)
- 3) The record was left open until July 2, 2025, for the appellant to: submit bank statements from April 1, 2024, to present; document the cash surrender value of a life insurance policy; and confirm whether he filed taxes in 2023. The appellant's representative never responded. (Exhibit 8.)

Analysis and Conclusions of Law

MassHealth applicants must establish various “eligibility factors including income, assets, residency, citizenship, immigration status, and identity” (130 CMR 516.003.) To qualify for long-term care benefits, an applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001.) MassHealth will also review eligibility for benefits every 12 months, which can include request for corroborative information. (See 130 CMR 516.007.)

MassHealth will request “all corroborative information necessary to determine eligibility.” (130 CMR 516.001(B); see also 130 CMR 516.003.) “If additional documentation is required ... a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.” (130 CMR 516.003(C).) An “applicant or member has 30^[1] days from the receipt of the Request for Information Notice to provide all requested verifications.” (130 CMR 516.003(D)(1).) “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.” (130 CMR 516.003(D)(2); see also 130 CMR 515.008(C).)

The appellant failed to submit all requested information and cooperate with MassHealth during the processing of his renewal for community benefit and application for long-term care services. The appellant further failed to submit requested verifications despite an extension afforded through the fair hearing process. For this reason, 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

¹ “Effective April 1, 2023, MassHealth [extended] the time that non-MAGI applicants and members will have for verifying eligibility factors and providing corroborative information, from 30 days to 90 days.” (EOM 23-09 (Mar. 2023).) This extended verification timeline was revoked for long-term care applicants effective September 9, 2024. (EOM 25-03 (Feb. 2025).) The appellant’s community benefits were terminated at the same time his long-term care application was denied. The record does not reflect whether MassHealth had requested corroborative information regarding community benefits before February 3, 2025. The appellant has since had more than 90 days to verify eligibility criteria for community benefits, therefore any issue raised by this timeline discrepancy is moot.

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.

Christopher Jones
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957