

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2506080
Decision Date:	8/1/2025	Hearing Date:	05/27/2025
Hearing Officer:	Kenneth Brodzinski	Record Open to:	06/27/2025

Appearance for Appellant:



Appearance for MassHealth:

Rhiannon Wojick



*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:	8/1/2025	Hearing Date:	05/27/2025
MassHealth's Rep.:	Rhiannon Wojick	Appellant's Rep.:	
Hearing Location:	Tewksbury 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 April 4, 2025, 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 his financial eligibility (Exhibit A). Appellant filed for this appeal in a timely manner on April 16, 2025 (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 his failure to provide MassHealth with requested verifications needed to determine his 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 his failure to provide MassHealth with requested verifications needed to determine his financial eligibility.

Summary of Evidence

Both parties appeared by telephone. Prior to hearing, MassHealth filed an appeal packet (Exhibit B).

The MassHealth representative reviewed dates pertinent to Appellant's LTC application filed in February 2025 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 of the requested documents; therefore, Masshealth issued the subject denial notice (Exhibit A). The MassHealth representative reviewed the verifications that were still missing (See Exhibit B).

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. Appellant filed a packet of documentation on his record-open due date, June 27, 2025 (Exhibit C).

Masshealth filed a written response indicating that two of the verifications that were identified during the hearing and first requested in the application and again on the first verification request, were still missing (Exhibit D).

Nearly a month after his record-open period closed, Appellant requested additional time to get the two remaining verifications. This request was denied on the grounds that Appellant filed his post-hearing documentation on the day it was due knowing that these two verifications were still missing and at that time failed to request a record open-extension. Also, while Appellant's request asserted a reason for the delay in obtaining one of the two missing verifications, it completely failed to address why the second missing verification remained outstanding and what efforts were being made to obtain it, if any (Exhibit E).

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 February 2025.
2. MassHealth issued a written verification request to Appellant with a due date.
3. The verifications requested by MassHealth are needed by the agency to make a determination of whether or not Appellant is eligible for LTC benefits.
4. The stated due date for the verifications passed with Appellant having failed to file all of the requested documents.
5. A hearing was held during which the missing verifications were again identified and

discussed.

6. At the hearing, Appellant requested and was granted an additional month to file the verifications.
7. Appellant filed a packet of documents on his record-open due date that was still missing two of the requested verifications (Exhibits C and D).

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 file all of the verifications that have been requested multiple times since he filed his application in February 2025. On this record, there is no basis in fact and/or law to disturb MassHealth's denial of April 4, 2025.

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]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290