

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506454
Decision Date:	06/24/2025	Hearing Date:	05/27/2025
Hearing Officer:	Alexandra Shube	Record Open to:	06/18/2025

Appearance for Appellant:



Appearance for MassHealth:

Via telephone:
Patricia Rogers, Taunton MEC



*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:	06/24/2025	Hearing Date:	05/27/2025
MassHealth's Rep.:	Patricia Rogers	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton 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 April 11, 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 24, 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 June 17, 2025 for the appellant's representatives to submit the missing verifications. MassHealth was initially given until June 24, 2025 to review and respond to the appellant's submission; however, MassHealth responded on June 18, 2025 and the record closed.

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 February 28, 2025, MassHealth received an application for long-term care benefits on behalf of the appellant. The appellant requested a start date of June 8, 2024; however, the earliest start date based on the controlling application date is November 1, 2024. On March 7, 2025, MassHealth issued a request for information with a due date of April 6, 2025. MassHealth did not receive all the required information by April 6. On April 11, 2025, MassHealth issued a notice informing the appellant that he did not qualify for MassHealth long-term care benefits because he did not provide MassHealth with the information it needed to decide his eligibility within the required time frame. This is the notice under appeal. All documentation listed on the March 7, 2025 request for information remains outstanding (the same documentation is also listed on the April 11 notice), including the following: complete the bank account question on the application; proof of life insurance for two different policies; and bank statements for a checking account. The MassHealth representative stated that the exact same application was received in September 2024 and denied in October 2024 for the same missing verifications. The same documents have been pending for almost eight months as of this hearing and MassHealth has not received anything to date.

The appellant's representative, the business office manager and Medicaid specialist from the facility, stated that she had the life insurance information. The appellant's sister sent her bank statements, but they got wet and were difficult to make out. The bank would not send the statements directly to the facility, so it had to mail them to the address on file which is out of state. She spoke to the bank about a week ago. She stated that she has a lot of residents who do not have people on the outside to help and it is difficult to get the documentation.

At the request of the appellant's representative, the record was held open until June 17, 2025 for the appellant's representative to submit the missing verifications. This HO informed her that since the same documentation had been outstanding since the original September 2024, an extension of the record open period would only be considered in extenuating circumstances. This hearing officer did not hear from the appellant by June 17, 2025. MassHealth was initially given until June 24, 2025 to review and respond to the appellant's submission; however, MassHealth responded via email on June 18, 2025 that it had not received all the missing verifications. In response, the appellant stated that she spoke to the appellant's sister the previous week, but she never received the bank statements. She stated that she would try to get the bank to send the statements directly

to MassHealth within the next 30 days. The MassHealth representative explained that the record open period had ended and the appellant would need to re-apply. The appellant then asked this hearing officer for an additional one to two weeks. This request was denied as parties had been informed at hearing that there would be no extensions, barring exceptional circumstances. As such, the record closed on June 18, 2025.

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 and Exhibit 4).
2. On February 28, 2025, MassHealth received a long-term care application on behalf of the appellant (Testimony and Exhibit 5).
3. On March 7, 2025, MassHealth issued a request for information with a due date of April 6, 2025 (Testimony and Exhibit 5).
4. MassHealth did not receive all the requested verifications and, on April 11, 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. Verifications outstanding at the time of the notice and hearing include the following: complete the bank account question on the application; proof of life insurance for two different policies; and bank statements for a checking account (Testimony and Exhibit 5).
6. These same verifications have been outstanding since an earlier September 2024 application which was denied in October 2024 for missing verifications (Testimony).
7. The record was held open until June 17, 2025 for the appellant to submit outstanding verifications. MassHealth was given until June 24, 2025 to review and respond to the appellant's submission; however, MassHealth responded on June 18, 2025 that the appellant did not submit the needed documentation and the record closed. (Exhibits 6 and 7).
8. Verifications remain outstanding (Exhibit 7).

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. At the close of the record open period, MassHealth had not received all the requested information. The same documentation has been outstanding since the initial application in September 2024. 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

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MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780