

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506850
Decision Date:	07/18/2025	Hearing Date:	05/28/2025
Hearing Officer:	Christine Therrien	Record Open to:	07/11/2025

Appearance for Appellant:



Appearance for MassHealth:

Mary Vieira, Taunton



*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:	07/18/2025	Hearing Date:	05/28/2025
MassHealth's Rep.:	Mary Vieira	Appellant's Rep.:	
Hearing Location:	Taunton MassHealth Enrollment Center (Telephonic)		

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 4/22/25, MassHealth denied the appellant's application for Long-Term Care (LTC) benefits because MassHealth did not receive the requested documents within the required timeframe. (130 CMR 516.001 and Exhibit 1). The appellant filed this appeal in a timely manner on 5/1/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032). The record was left open until 6/27/25 for the appellant to submit the missing verifications, and until 7/11/25 to allow MassHealth to review all submissions. (Exhibit 6).

Action Taken by MassHealth

MassHealth denied the appellant's LTC benefits application due to his failure to submit the required verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant is ineligible for LTC benefits for failing to submit the required verifications.

Summary of Evidence

The appellant is a married individual over the age of 65 who was admitted to a LTC facility on [REDACTED]. The appellant submitted a LTC application on 1/15/25 with a requested start date of 12/24/24. The MassHealth representative testified that MassHealth sent a request for information on 1/28/25. The MassHealth representative testified that MassHealth issued a denial on 3/6/25 because the requested verifications were not received within the 30-day deadline. The MassHealth representative testified that MassHealth received a reapplication on 3/12/25. The MassHealth representative testified that MassHealth sent a new request for information on 3/13/25. The MassHealth representative testified that on 4/22/25, MassHealth denied the case for missing verifications because the requested verifications were not received within the 30-day deadline. The appellant was discharged from the LTC facility on [REDACTED]. The MassHealth representative testified that the following verifications were outstanding:

- 1) Complete bank statements for both [REDACTED] accounts, from 1/1/23 to present.
- 2) Private pension statements for both the appellant and the spouse.
- 3) Cash surrender value of the [REDACTED] life insurance policy owned by the appellant's spouse.

Following the appeal hearing, the record was left open until 6/27/25 to allow time for the appellant's representative to submit the missing verifications, and until 7/11/25 to give MassHealth time to review all the submitted verifications. (Exhibit 5).

The appellant's representative submitted the bank statements and the life insurance policy cash surrender value, but did not submit the private pensions statements for either the appellant or his spouse. The record closed on 6/27/25 because the appellant's representative had not submitted the private pension statements, nor had she requested additional time to do so. (Exhibit 6).

Findings of Fact

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

1. The appellant is a married individual over the age of 65 who was admitted to a LTC facility on [REDACTED].
2. On 1/15/25, the appellant submitted a LTC application with a requested coverage start date of 12/24/24.
3. On 1/28/25, MassHealth sent a request for information to the appellant.

4. On 3/6/25, MassHealth issued a denial notice to the appellant because the requested verifications were not received within the 30-day deadline.
5. On 3/12/25, MassHealth received a reapplication from the appellant.
6. On 3/13/25, MassHealth sent a new request for information to the appellant.
7. On 4/22/25, MassHealth denied the case for missing verifications because verifications were not received within the 30-day deadline.
8. The appellant was discharged from the LTC facility on [REDACTED].
9. The following verifications were outstanding:
 - 1) Complete bank statements for both [REDACTED] accounts, from 1/1/23 to present.
 - 2) Private pension statements for both the appellant and spouse.
 - 3) Cash surrender value of the [REDACTED] life insurance policy owned by the appellant's spouse.
10. Following the appeal hearing, the record was left open until 6/27/25 to allow time for the appellant's representative to submit the missing verifications, and until 7/11/25 to give MassHealth time to review all the submitted verifications.
11. The appellant's representative submitted the bank statements and the life insurance policy cash surrender value, but did not submit the private pensions statements for either the appellant or his spouse.
12. The record closed on 6/27/25 because the appellant's representative had not submitted the private pension statements, nor had she requested additional time to do so.

Analysis and Conclusions of Law

Regulation 130 CMR 516.001(C) provides that MassHealth may request additional information or documentation, if necessary, to determine eligibility. The request is generally sent to the applicant within 5 days of receipt of the application and provides 30 days to return the needed documents. Pursuant to 130 CMR 516.001(D), if the verifications are not submitted within 30 days of the date of the request, MassHealth benefits may be denied. Thereafter, if one or more of the documents are submitted within 30 days of the denial, the date of receipt shall be the reapplication date.

The appellant's representative neither submitted the private pension statements for both the appellant and his spouse nor requested additional time to do so. Since the appellant has not provided the verifications necessary to determine MassHealth eligibility, MassHealth correctly

denied the appellant's application.

The 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.

Christine Therrien
Hearing Officer
Board of Hearings

[REDACTED]

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center