

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507043
Decision Date:	7/7/2025	Hearing Date:	06/02/2025
Hearing Officer:	Christine Therrien	Record Open to:	07/07/2025

Appearance for Appellant:



Appearance for MassHealth:

Elizabeth Kittiphane, Quincy 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 application -- verifications
Decision Date:	7/7/2025	Hearing Date:	06/02/2025
MassHealth's Rep.:	Elizabeth Kittiphane	Appellant's Rep.:	
Hearing Location:	Quincy 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 3/17/25, 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 5/5/25. (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 6/30/25 for the appellant to submit the missing verifications, and until 7/7/25 to allow MassHealth to review all submissions. (Exhibit 6).

Action Taken by MassHealth

MassHealth denied the appellant's LTC benefits application due to the 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 single individual over the age of [REDACTED] who was admitted to a LTC facility on [REDACTED]. The appellant submitted an LTC application on 12/9/24 with a requested start date of 4/1/25. The MassHealth representative testified that MassHealth sent a request for information on 12/16/24 and then an updated request for information on 12/23/24 because an additional bank account was found. The MassHealth representative testified that MassHealth issued a denial on 1/21/25 because the requested verifications were not received. The MassHealth representative testified that MassHealth received documentation on 1/30/25, which prompted a reapplication. The MassHealth representative testified that MassHealth sent a new request for information on 2/9/25. The MassHealth representative testified that on 3/17/25, MassHealth denied the case for missing verifications. The MassHealth representative testified that on 3/20/25, MassHealth received an appeal request for the 1/21/25 denial notice. The 3/20/25 appeal request was withdrawn before the hearing. The MassHealth representative testified that on 3/24/25, MassHealth received some verifications. (Exhibit 5). The MassHealth representative testified that the following verifications were outstanding:

- The Schedule of Beneficiaries for the [REDACTED]

Following the appeal hearing, the record was left open until 6/30/25 to allow time for the appellant's representative to submit the missing verifications, and until 7/7/25 to give MassHealth time to review all the submitted verifications. (Exhibit 6).

The appellant's representative submitted a closing disclosure and a new deed for the home that was held in the Trust, but did not submit the trust Schedule of Beneficiaries.² The record closed on 6/30/25 because the appellant's representative had not submitted the trust Schedule of Beneficiaries, nor had she requested additional time to do so. (Exhibit 7).

Findings of Fact

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

1. The appellant is a single individual over the age of [REDACTED] who was admitted to a LTC facility on [REDACTED]

¹ The Board of Hearings appeals database does not list a reason why the appeal was withdrawn by the appellant's representative.

² The appellant transferred her home into the trust, according to MassHealth.

2. The appellant submitted a LTC application on 12/9/24 with a requested start date of 4/1/25.
3. On 12/16/24, MassHealth sent the appellant a request for information, and then sent an updated request for information on 12/23/24, because an additional bank account was found.
4. On 1/21/25, MassHealth issued a denial because the requested verifications were not received within 30 days of the 12/16/24 request for verifications notice.
5. On 1/30/25, MassHealth received documentation from the appellant, which prompted a reapplication.
6. On 2/9/25, MassHealth sent a new request for information to the appellant.
7. On 3/17/25, MassHealth denied the case for missing verifications.
8. On 3/20/25, MassHealth received an appeal request for the 1/21/25 denial notice.
9. The 3/20/25 appeal request was withdrawn before the hearing.
10. On 3/24/25, MassHealth received some verifications from the appellant.
11. The following verifications were outstanding as of the appeal hearing:
 - The Schedule of Beneficiaries for the [REDACTED]
12. The record was left open until 6/30/25 to allow time for the appellant's representative to submit the missing verifications, and until 7/7/25 to give MassHealth time to review all the submitted verifications.
13. The appellant's representative submitted a closing disclosure and new deed for the home that was held in the Trust, but did not submit the trust Schedule of Beneficiaries.
14. The record closed on 6/30/25 because the appellant's representative had not submitted the trust Schedule of Beneficiaries, 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 Schedule of Beneficiaries for the Trust, nor did she request 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

cc: [REDACTED]

cc: MassHealth Representative: Cassandra Moura, Quincy MEC appeals coordinator