

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507318
Decision Date:	7/31/2025	Hearing Date:	06/12/2025
Hearing Officer:	Christine Therrien	Record Open to:	07/18/2025

Appearance for Appellant:



Appearance for MassHealth:

Stephanie Mowles, Quincy



*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:	7/31/2025	Hearing Date:	06/12/2025
MassHealth's Rep.:	Stephanie Mowles	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South 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 3/10/25, 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 5/9/25. (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 7/11/25 for the appellant to submit the missing verifications and until 7/18/25 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]. The appellant submitted a MassHealth LTC application on 8/7/24, with a requested coverage start date of 8/4/24. The appellant was admitted to a LTC facility on [REDACTED]. The MassHealth representative testified that on 8/22/2024, MassHealth sent a request for verifications due within 30 days. The application was denied for missing verifications on 11/25/2024. The MassHealth representative testified that the application was “re-apped” on 2/3/2025 after some verifications were received, and a second request for verifications was mailed on that date. The MassHealth representative testified that an updated request for verifications was mailed on 2/5/2025, seeking information about a burial plan. The MassHealth representative testified that on 3/10/25, a denial was issued for failure to submit all the required verifications. (Exhibit 1). The MassHealth representative testified that the following verifications were still outstanding:

1. Statements from 1/2023 to the present date for the following bank accounts, as well as verification of all transactions of \$1,500 or greater with documentation of what the funds were used for: [REDACTED]
2. Pharmacy Medicare Part D insurance information

The appellant’s representative testified that the appellant left the facility on [REDACTED] and she has been having a hard time reaching him to assist with the verifications.

Following the appeal hearing, the record was left open until 7/11/25 to allow time for the appellant’s representative to submit the missing verifications and until 7/18/25 to give MassHealth time to review all the submitted verifications. (Exhibit 6).

The record closed on 7/18/25 because the appellant’s representative was unable to obtain the requested verifications due to an uncooperative appellant, and she asked for a decision. (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]
2. The appellant submitted a MassHealth LTC application on 8/7/24, with a requested coverage start date of 8/4/24.
3. The appellant was admitted to a LTC facility on [REDACTED]

4. The appellant was discharged from the facility on [REDACTED]
5. On 8/22/2024, MassHealth sent a request for verifications due within 30 days.
6. The application was denied for missing verifications on 11/25/2024.
7. The application was “re-apped” on 2/3/2025 after some verifications were received, and a second request for verifications was mailed on that date.
8. On 2/5/2025, an updated request for verifications was mailed, seeking information about a burial plan.
9. On 3/10/25, a denial was issued for failure to submit all the required verifications.
10. The following verifications were outstanding:
 - Statements from 1/2023 to the present date for the following bank accounts, as well as verification of all transactions of \$1,500 or greater with documentation of what the funds were used for: [REDACTED]
 - Pharmacy Medicare Part D insurance information
11. Following the appeal hearing, the record was left open until 7/11/25 to allow time for the appellant’s representative to submit the missing verifications and until 7/18/25 to give MassHealth time to review all the submitted verifications.
12. The record closed on 7/18/25 because the appellant’s representative was unable to obtain the requested verifications due to an uncooperative appellant, and the appellant’s representative asked for a decision.

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 any of the missing verifications, nor requested

additional time to do so. Since the appellant has not provided the verifications necessary to determine MassHealth eligibility, MassHealth correctly denied the 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: Quincy MEC, Attn: Cassandra Moura, appeals coordinator