

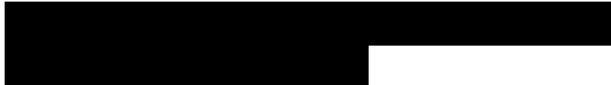
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507544
Decision Date:	8/11/2025	Hearing Date:	06/11/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	

Appearances for Appellant:




Appearance for MassHealth:

Kim McAvinchey



*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:	Long Term Care – Verifications
Decision Date:	8/11/2025	Hearing Date:	06/11/2025
MassHealth's Rep.:	Kim McAvinchey	Appellant's Reps.:	
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 05/05/2025, MassHealth informed the appellant that it reviewed his application for MassHealth Long Term Care (LTC) benefits determined and that he is not eligible because he failed to submit requested verifications (130 CMR 515.008; Exhibit 1). On 05/14/2025, a timely appeal was filed on the appellant's behalf (130 CMR 610.015(B); Exhibits 2 and 4). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

A fair hearing took place before the Board of Hearings (Board) on 06/11/2025 (Exhibit 3). The appellant representative requested an extension of time to submit the missing verifications. Her request was granted, and the record remained open in this matter until 06/18/2025 for her submission and until 06/25/2025 for MassHealth's response (Exhibit 5). On 06/18/2025, the appellant's representative requested an extension of the record open period for two more weeks. Her request was granted, and the record open period was extended until 07/04/2025 for the

appellant's submission and until 07/11/2025 for MassHealth's response (Exhibit 6). On 07/03/2025, the appellant's representative requested that the record open period be extended for a second time for three additional weeks. On 07/22/2025, the hearing officer denied the request for a second extension of the record open period. The hearing record closed (Exhibit 7).

Action Taken by MassHealth

MassHealth denied the appellant's application for Long Term Care (LTC) benefits for failure to submit requested verifications.

Issue

The issue is whether or not the requested verifications were submitted to MassHealth.

Summary of Evidence

The MassHealth representative testified telephonically that the appellant submitted an application for MassHealth long term care (LTC) benefits on 03/18/2025. A request for verifications was sent by MassHealth, requesting various financial information to process the appellant's application for benefits. The requested documents were due by 04/30/2025. On 05/05/2025, some of the verifications remained outstanding and MassHealth denied the application.

As of the date of the fair hearing, the missing verifications were the following:

1. [REDACTED] Bank savings [REDACTED]
Undisclosed account [REDACTED] Owner: [REDACTED]
MassHealth records verify applicant own/owned this bank account.
The account held approximately \$14,300 in March 2023.
If account is now closed send statements 1/1/23 to closing, proof closing withdrawal and date closed.
Explain/send proof for source of all deposits of any amount.
2. [REDACTED] Bank checking [REDACTED]
Provide explanation/proof for disbursements \$1000 and over.
Unverified disbursements may be considered disqualifying transfers.

(Exhibit 4.)

The appellant's guardian/daughter appeared at the fair hearing with a licensed social worker, both representing the appellant. They testified that one of the bank accounts has been closed. It had

been in the names of the appellant and his brother. According to the representatives, the brother is the only person who is able to provide the verifications of whether the account has been closed and what happened to the proceeds from the account closure. The appellant representative requested two weeks to provide the above verifications. Her request was granted, and the record remained open in this matter until 06/18/2025 for his submission and until 06/25/2025 for MassHealth's response (Exhibit 5). On 06/18/2025, the appellant's representative requested an extension of the record open period for two more weeks. Her request was granted, and the record open period was extended until 07/04/2025 for the appellant's submission and until 07/11/2025 for MassHealth's response (Exhibit 6). On 07/03/2025, the appellant's representative requested that the record open period be extended for a second time for three additional weeks. On 07/22/2025, the hearing officer denied the request for a second extension of the record open period. The hearing record closed (Exhibit 7).

No verifications were provided to the hearing officer during the record open period.

Findings of Fact

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

1. The appellant applied for MassHealth long term care benefits on 03/18/2025.
2. The appellant is requesting MassHealth benefits starting on 06/21/2023.
3. MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination. The verifications were due by 04/30/2025.
4. On 05/05/2025, MassHealth denied the appellant's application for benefits because it did not receive the requested verifications.
5. The appellant submitted a request for a fair hearing on 05/14/2025.
6. A fair hearing took place before the Board of Hearings on 06/11/2025.
7. At the fair hearing, the appellant's representative requested that the record remain open for a period of two weeks so that they could submit the missing verifications.
8. The appellant's request was granted, and the record remained open in this matter until 06/18/2025 for appellant's submission and until 06/25/2025 for MassHealth's response.
9. On 06/18/2025, the appellant's representative requested an extension of the record open period for two more weeks. Her request was granted, and the record open period was

extended until 07/04/2025 for the appellant's submission and until 07/11/2025 for MassHealth's response (Exhibit 6).

10. On 07/03/2025, the appellant's representative requested that the record open period be extended for a second time for three additional weeks.
11. On 07/22/2025, the hearing officer denied the request for a second extension of the record open period. The hearing record closed (Exhibit 7).
12. MassHealth informed the hearing officer that, at the time of the fair hearing, the following verifications remained outstanding:

Bank savings

Undisclosed account

Owner:

MassHealth records verify applicant own/owned this bank account.

The account held approximately \$14,300 in March 2023.

If account is now closed send statements 1/1/23 to closing, proof closing withdrawal and date closed.

Explain/send proof for source of all deposits of any amount.

Bank checking

Provide explanation/proof for disbursements \$1000 and over.

Unverified disbursements may be considered disqualifying transfers.

13. The appellant made no submission to the hearing record during the record open period.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 515.008 address responsibilities of applicants and members as follows:

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

Regulations at 130 CMR 516.001(B) address corroborative information 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.

This appeal involves a denial of MassHealth LTC benefits based on the appellant's failure to provide requested verifications within the regulatory time frame. The application was submitted on 03/18/2025. MassHealth sent a request for verifications to the appellant, requesting certain documents and information to establish eligibility for LTC benefits. The submission was due by 04/30/2025. The appellant failed to provide all of the requested information, and on 05/05/2025, MassHealth denied the appellant's application for failure to provide verifications. A timely appeal was filed on behalf of the appellant, and a fair hearing was held before the Board of Hearings.

As of the date of the fair hearing, the following verifications remained outstanding:

Bank savings

Undisclosed account

Owner:

MassHealth records verify applicant own/owned this bank account.

The account held approximately \$14,300 in March 2023.

If account is now closed send statements 1/1/23 to closing, proof closing withdrawal and date closed.

Explain/send proof for source of all deposits of any amount.

Bank checking

Provide explanation/proof for disbursements \$1000 and over.

Unverified disbursements may be considered disqualifying transfers.

At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. Her request was granted, as was a second request for an extension. A third request was denied. During the record open period, the appellant made no submission to the hearing record. Accordingly, MassHealth's denial is supported by the regulations and the facts in the hearing record. Accordingly, 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

[REDACTED]

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