

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508583
Decision Date:	7/30/2025	Hearing Date:	07/08/2025
Hearing Officer:	Christopher Jones	Record Open to:	07/29/2025

Appearance for Appellant:



Appearance for MassHealth:

Stacy Kirby – Taunton Integration Unit



*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:	7/30/2025	Hearing Date:	07/08/2025
MassHealth's Rep.:	Stacy Kirby	Appellant's Rep.:	
Hearing Location:	Telephonic	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 28, 2025, MassHealth denied the appellant's February 2025 application for long-term care services because the appellant did not give MassHealth information it needs to determine her eligibility. (Exhibit 1; 130 CMR 515.008; 516.003.) The appellant filed this appeal in a timely manner on June 5, 2025. (Exhibit 1; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Following the hearing, the record was left open until July 29, 2025, for the appellant to submit missing verifications and for MassHealth to review and respond.

Action Taken by MassHealth

MassHealth denied the appellant's February 2025 application for long-term care benefits because the appellant failed to submit required verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.003, in determining that the appellant is ineligible for coverage for failing to cooperate and verify resources.

Summary of Evidence

MassHealth's representative testified that an application for long-term care benefits was submitted on February 25, 2025. MassHealth requested certain verifications on March 18, 2025, and the application was denied on April 28, 2025, when all verifications were not received. As of the hearing date, MassHealth was still awaiting verification of a \$25,592.14 deposit to the appellant's bank account on May 10, 2024. The appellant had apparently sold property, and MassHealth also requested a copy of the settlement statement from the sale of that property. Finally, a trust in the appellant's name had been identified, and MassHealth sought documentation of the trust, including any assets and a schedule of beneficiaries.

The appellant's representative requested a brief record open period to submit the documentation. The hearing record was left open until July 22, 2025, for the appellant to submit documents, and MassHealth had until July 29, 2025, to review and respond.

The appellant's record open deadline passed and nothing had been submitted. MassHealth's representative confirmed that nothing had been submitted, and the appellant's representative never responded to either the hearing officer or MassHealth's representative's emails.

Findings of Fact

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

- 1) An application for long-term care benefits was submitted on February 25, 2025. (Exhibit 4.)
- 2) On March 18, 2025, MassHealth sent out a request for verifications, including: proof of a \$25,592.14 deposit on May 10, 2024; a copy of the settlement statement from the sale of real property; and documentation of a trust in the appellant's name. (Testimony by MassHealth's representative; Exhibit 4.)
- 3) MassHealth denied the application on April 28, 2025, when all verifications were not received. (Exhibit 1.)
- 4) The hearing record was left open for the appellant's representative to submit missing verifications, but the appellant never responded. (Exhibit 5.)

Analysis and Conclusions of Law

MassHealth applicants must establish various "eligibility factors including income, assets, residency, citizenship, immigration status, and identity" (130 CMR 516.003.) To qualify for long-term care benefits, an applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001.) If the requested verifications are

not provided within 30 days of the request for information, “MassHealth coverage is denied or terminated.” (130 CMR 516.003(D)(2).) “If the requested information is received within 30 days of the date of denial, the date of receipt of one or more of the verifications is considered the date of reapplication.” (130 CMR 516.002(A).) If a MassHealth member fails to cooperate with MassHealth and submit the documentation requested, MassHealth will deny the member’s application. (See 130 CMR 515.008(C).)

The appellant failed to submit all requested information and cooperate with MassHealth during the processing of the application. The appellant further failed to submit requested verifications despite an extension afforded through the fair hearing process. For this reason, 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.

Christopher Jones
Hearing Officer
Board of Hearings

cc: [REDACTED]
[REDACTED]

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