

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508643
Decision Date:	9/8/2025	Hearing Date:	07/07/2025
Hearing Officer:	Mariah Burns	Record Open to:	08/29/2025

Appearances for Appellant:



Appearance for MassHealth:

Kim McAvinchey, Tewksbury MassHealth
Enrollment Center



*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:	Over 65 Eligibility; Long-Term Care; Verifications
Decision Date:	9/8/2025	Hearing Date:	07/07/2025
MassHealth's Rep.:	Kim McAvinchey	Appellant's Reps.:	[REDACTED]
Hearing Location:	Telephone (Tewksbury)	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 25, 2025, MassHealth denied the appellant's application for MassHealth long-term care benefits because MassHealth determined that the appellant did not provide the required information to determine her eligibility. *See* 130 CMR 515.008 and Exhibit 1. The appellant filed this appeal in a timely manner on June 6, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's application for long-term care benefits.

Issue

The appeal issue is whether MassHealth acted within its discretion in denying the appellant's application for long-term care benefits.

Summary of Evidence

The appellant is an adult who currently resides in a skilled nursing facility. She was represented at the hearing by Medicaid eligibility specialists. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The following is a summary of the testimony and evidence provided at the hearing.

The appellant submitted an application for MassHealth long-term care benefits on March 12, 2025, requesting a start date of January 25, 2025. MassHealth sent a request for information on March 20, 2025, with a due date of April 19, 2025. When the appellant did not comply with the request for information, MassHealth denied her application by notice dated April 25, 2025. As of the date of hearing, the following information was still outstanding:

- 2024 1099 tax form,
- Completed page 15 of application,
- Proof of ownership for [REDACTED]
- Bank statements from [REDACTED] April 2025, copies of checks, and source of deposit,
- Trust letter verifying value and asset movement,
- [REDACTED] insurance policy – proof of ownership and current cash surrender value,
- Completed burial contract information,
- Resend legible copy of activity and balance 1/1/24 to present for [REDACTED] account
- [REDACTED] insurance policy - proof of ownership and current cash surrender value.

The appellant's representative provided a large packet of documents in June in preparation for this hearing. The MassHealth representative reported that approximately 75% of what was received was duplicative of previous submissions, making it difficult to determine what outstanding information was provided. She requested that the appellant resubmit anything from the above list that was previously provided, because she was unable to find it. The appellant's representatives reported having difficulty getting the information from the appellant's family and requested that the record be kept open to afford one more opportunity for them to provide the documents. The record was therefore kept open until August 15, 2025, and MassHealth was given until August 29, 2025, to review and respond. As of the closing of the hearing record, the appellant did not submit any additional verification documents.

Findings of Fact

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

1. The appellant is an adult over age [REDACTED] who currently resides in a skilled nursing facility. Testimony.

2. On March 12, 2025, the appellant submitted an application for MassHealth long-term care benefits, requesting a coverage start date of June 25, 2025. Testimony
3. On March 20, 2025, MassHealth sent a request for information for certain information needed to determine the appellant's eligibility for benefits. Testimony.
4. When MassHealth did not receive all requested information, a denial notice was sent on April 25, 2025. Testimony, Exhibit 1.
5. The appellant filed a timely request for fair hearing on June 6, 2025. Exhibit 2.
6. As of the date of hearing, the following requested information was still outstanding:
 - 2024 1099 tax form,
 - Completed page 15 of application,
 - Proof of ownership for [REDACTED]
 - Bank statements from [REDACTED] April 2025, copies of checks, and source of deposit,
 - Trust letter verifying value and asset movement,
 - [REDACTED] insurance policy – proof of ownership and current cash surrender value,
 - Completed burial contract information,
 - Resend legible copy of activity and balance 1/1/24 to present for [REDACTED] account
 - [REDACTED] insurance policy - proof of ownership and current cash surrender value.

Testimony, Exhibit 1.

7. As of the closing of the record open period on August 29, 2025, the appellant has provided no documents or information that satisfy any of the outstanding verifications. *See generally*, Exhibit 8.

Analysis and Conclusions of Law

An applicant for any MassHealth benefits is required to “cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility...” 130 CMR 515.008(A). After receiving an application for benefits, MassHealth proceeds 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.

130 CMR 516.001(B). “If the requested information...is received [by MassHealth] within 30 days of the date of the request, the application is considered complete...If such information is not received within 30 days of the request, MassHealth benefit may be denied.” 130 CMR 516.001(C).

MassHealth applicants must meet certain financial requirements to be eligible for long-term care services. Specifically, there is a \$2000 asset limit for an individual and a \$3000 limit for certain couples living together in the community. See 130 CMR 520.003(A). Such assets include “deposits in a bank, savings, and loan institution, checking, or trust accounts, term certificates, or other types of accounts” as well as securities and the cash-surrender value of any life insurance policy, 130 CMR 520.007(B)(1), 520.007(D) and 520.007(E). Members are further expected to contribute a certain amount of their income towards the cost of their care. See 130 CMR 519.006(A)(3).

The MassHealth representative testified that MassHealth did not receive the appellant’s 2024 Form 1099, a completed page 15 of her application, any information about two life insurance policies, a trustee letter detailing the value of the appellant’s trust, and a host of other financial documents. The appellant’s representative did not argue at the hearing that the verifications were properly satisfied, nor were any additional documents submitted during the record open period. Thus, I find that the appellant did not meet her burden of proof in demonstrating that she complied with MassHealth’s requests for information related to her application for long-term care benefits. I further find no error in MassHealth’s issuance of the April 25, 2025 notice denying the appellant’s application.

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center