

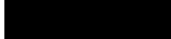
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508863
Decision Date:	10/22/2025	Hearing Date:	07/09/2025
Hearing Officer:	Thomas Doyle	Record Open to:	08/27/2025

Appearance for Appellant:

 Appeal Representative

Appearance for MassHealth:

Kim McAvinchey, Tewksbury 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:	Verifications, Eligibility for Long Term Care, Eligibility over 65
Decision Date:	10/22/2025	Hearing Date:	07/09/2025
MassHealth's Rep.:	Kim McAvinchey	Appellant's Rep.:	██████████
Hearing Location:	Remote (phone)	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 May 19, 2025, MassHealth denied appellant's application for MassHealth Long-Term-Care Services in a Nursing Facility because MassHealth determined that appellant did not provide necessary information MassHealth requires to decide appellant's eligibility within the required time frame (Ex. 1). Appellant filed this appeal in a timely manner on June 6, 2025. (Ex. 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's application for MassHealth Long-Term-Care Services in a Nursing Facility because MassHealth determined that appellant did not provide necessary information MassHealth requires to decide appellant's eligibility within the required time frame. (Ex. 1).

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that appellant did not provide necessary information MassHealth requires to decide

appellant's eligibility for MassHealth Long-Term-Care Services in a Nursing Facility within the required time frame.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified in summary as follows: Appellant's application date for the purposes of this hearing is February 11 2025.¹ The MassHealth representative testified that MassHealth still needs a multitude of the appellant's financial documents including tax documents, bank account statements, annuity statements, and real estate documents (Testimony; Ex. 1; Ex. 4, pp. 1-2).

The appellant's representative appeared at the hearing telephonically and testified that she needed additional time to submit the requested documents. Therefore, the hearing officer left the record open until July 23, 2025 for the appellant's representative to submit documents and until August 6, 2025 for MassHealth to review the submissions (Ex. 5). On July 22, 2025, the appeal representative requested an extension to the record open period. (Ex. 6, p. 1). The next day I emailed the appeal representative and asked how much time she was seeking. (Ex. 6, p. 2). She replied on July 28, 2025 and requested 3 weeks. (Ex. 6, p. 2). On July 28, 2025, I extended the record open period, giving appellant until August 13, 2025 and August 20, 2025 for MassHealth to review any submissions. (Ex. 7). On August 12, 2025, the appeal representative requested another extension to the record open period, seeking 2 weeks. (Ex. 6, p. 1). On August 14, 2025, I extended the record open period, giving appellant until August 27, 2025 and September 3, 2025 for MassHealth to review any submissions. (Ex. 9). On August 28, 2025, the MassHealth representative moved that the record be closed and a decision be issued as several verifications were still outstanding. (Ex. 9). On September 2, 2025, I emailed the appeal representative asking if she disputed the contention by MassHealth that outstanding verifications remained and gave her until the close of business on September 3, 2025 to reply. (Ex. 11). On September 10, 2025, the appeal representative emailed the MassHealth representative and me and asked the MassHealth representative to confirm there were still missing verifications. (Ex. 12, p. 1). Later that day, I emailed the parties and reminded the appeal representative that in a previous email I told her that she had until the close of business on September 3, 2025 to respond to the assertion by MassHealth that there were still missing verifications. (Ex 12, p. 2). The appellant's representative did not dispute MassHealth's position that there were verifications that remained missing.

¹ Appellant's original application date was September 20, 2024. After requests for information were sent by MassHealth with appellant failing to provide verifications, a denial notice was issued. A hearing was requested and a decision issued on March 18, 2025 denying appellant's appeal. MassHealth then received verifications from appellant on February 11, 2025, with MassHealth agreeing to use this date as the reapplication date. MassHealth sent another request for information in April 2025. On May 19, 2025, MassHealth issued a denial due to missing verifications. This is the notice under appeal. (Testimony; Ex. 4, p. 1).

Findings of Fact

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

1. On September 20, 2024, the appellant applied for MassHealth long-term care benefits.
2. Requests for information were sent by MassHealth. Appellant failed to provide verifications, and a denial notice was issued. A hearing was requested and a decision issued on March 18, 2025, denying appellant's appeal. (Testimony; Ex. 4, p. 1).
3. MassHealth had received verifications from appellant on February 11, 2025, with MassHealth agreeing to use this date as the reapplication date. (Testimony; Ex. 4, p. 1).
4. MassHealth sent another request for information in April 2025. On May 19, 2025, MassHealth issued a denial due to missing verifications which is the subject of this appeal. (Testimony; Ex. 1; Ex. 4, p. 1).
5. MassHealth requested verifications which included a multitude of appellant's financial documents including tax documents, bank account statements, annuity statements, and real estate documents (Testimony; Ex. 1; Ex. 4, pp. 1-2).
6. Appellant's representative requested additional time to submit the requested documents. The record was left open until July 23, 2025 for the appellant's representative to submit documents and until August 6, 2025 for MassHealth to review the submissions (Ex. 5).
7. On July 22, 2025, the appeal representative requested an extension to the record open period, seeking 3 additional weeks. (Ex. 6, p. 1-2).
8. On July 28, 2025, I extended the record open period, giving appellant until August 13, 2025 and MassHealth until August 20, 2025 to review any submissions. (Ex. 7).
9. On August 12, 2025, the appeal representative requested another extension to the record open period, seeking 2 weeks. (Ex. 6, p. 1).
10. On August 14, 2025, I extended the record open period, giving appellant until August 27, 2025 and September 3, 2025 for MassHealth to review any submissions. (Ex. 9).
11. On August 28, 2025, the MassHealth representative moved that the record be closed and a decision be issued as several verifications were still outstanding. (Ex. 9).
12. On September 2, 2025, I emailed the appeal representative asking if she disputed the

contention by MassHealth that outstanding verifications remained and gave her until the close of business on September 3, 2025 to reply. (Ex. 11).

13. On September 10, 2025, the appeal representative emailed the MassHealth representative and me and asked the MassHealth representative to confirm there were still missing verifications. (Ex. 12, p. 1). She did not dispute MassHealth's position that some of the verifications remained outstanding.

Analysis and Conclusions of Law

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228. See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility (130 CMR 516.001). 130 CMR 516.001(B) provides the following with respect to corroborative information:

- (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(C) sets forth the process regarding the receipt of corroborative information, and provides as follows:

If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

Here, MassHealth requested a multitude of the appellant's documents including tax documents, bank account statements, annuity statements, and real estate documents. MassHealth reported that not all the requested documents were submitted during the multiple record-open periods. Appellant's representative did not refute verifications were still missing when asked to do so in an email by me. The appellant has not demonstrated that she has submitted all requested

verifications in compliance with 130 CMR 516.001. Therefore, MassHealth did not err in its decision to deny the appellant's application for missing verification documents.

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.

Thomas Doyle
Hearing Officer
Board of Hearings



MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290