

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2509061
<b>Decision Date:</b>	9/15/2025	<b>Hearing Date:</b>	07/16/2025
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	07/30/2025

**Appearance for Appellant:**



**Appearance for MassHealth:**

Jonathan Gonzalez, Charlestown 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Long-Term Care; Verifications
<b>Decision Date:</b>	9/15/2025	<b>Hearing Date:</b>	07/16/2025
<b>MassHealth's Rep.:</b>	Jonathan Gonzalez	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Remote (phone)	<b>Aid Pending:</b>	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 1, 2025, MassHealth terminated appellant's long-term care coverage because appellant failed to provide the information MassHealth needed to decide his eligibility within the required timeframe. (Ex. 1). The appellant filed this appeal in a timely manner on June 13, 2025. (Ex. 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth terminated appellant's long-term care coverage because he did not submit the information MassHealth needs to decide appellant's eligibility within the required time frame.

## Issue

Whether MassHealth was correct in terminating appellant's MassHealth long-term care benefits.

## Summary of Evidence

The MassHealth worker (worker) and the appeal representative appeared by telephone and were sworn. The worker provided the following testimony: MassHealth received a long-term care review

application on March 25, 2025 and sent out a request for information the same day. MassHealth was seeking a bank statement from [REDACTED]. Appellant had a deadline of April 25, 2025 to submit the statement. The worker stated MassHealth did not receive any information, prompting the May 1, 2025 termination notice being sent to appellant. The worker stated it was one account that was previously verified in 2022 and MassHealth needed a current statement if the account is active or, if inactive, a letter stating appellant does not hold a [REDACTED] account. (Testimony).

The appeal representative tried to explain her interaction with [REDACTED]. The worker asked her if [REDACTED] advised her to log into their app to gain access to appellant's account. The appeal representative said that was correct.

The record was left open until July 30, 2025 for the appeal representative to provide information from [REDACTED] regarding appellant's account. (Ex. 6). After the record closed, I emailed the parties and asked for an update on the appeal. (Ex. 7, pp. 1-2). The worker responded the same day that he checked MassHealth records and no documents appeared under appellant's Social Security number, Medicaid identification or appellant's name. The worker wrote he had not received any emails with the requested documentation. (Ex. 7, p. 1). I received no response from the appeal representative. On August 11, 2025, I emailed the appeal representative and asked her the status of obtaining the information requested by MassHealth. I gave her a deadline for the close of business on August 13, 2025 to provide the missing verification or the record would close and a decision would issue. (Ex. 7, p. 1).

On August 10, 2025, the Board of Hearings received an email from someone who is not a party to this appeal or an authorized representative of appellant. This email was forwarded to me on August 11, 2025. On that same day, I emailed the appeal representative informing her that I could not communicate with this person who contacted the Board of Hearings. (Ex. 8, pp. 1-2).

I received no response from the appeal representative and the record closed.

## **Findings of Fact**

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

1. MassHealth received a long-term care review application for the appellant on March 25, 2025 and sent out a request for information the same day. (Testimony).
2. MassHealth was seeking a bank statement from [REDACTED] giving appellant a deadline of April 25, 2025 to submit the statement. (Testimony).

3. On May 1, 2025, MassHealth terminated the appellant's long-term care coverage because the appellant failed to submit the requested verification within the required timeframe. (Testimony; Ex. 1)
4. Despite the opportunity to submit the missing verification following the appeal hearing during a record open period, appellant failed to provide the missing information and did not request an extension of the record open period. (Ex. 6; Ex. 7).

## 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 (2007).

### 130 CMR 502.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements*, 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*, and 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

...

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.

(2) If the applicant or member fails to provide verification of information within 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.

(a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.

(b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).

(c) If the required verifications are received within one year from the date the application or renewal form was received, coverage is reinstated to a date ten days before the receipt of the verifications.

(d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

In this case, the appellant submitted a long-term care review application and MassHealth requested supporting verifications. There is no dispute that the appellant did not submit the

verifications in the required time frame, and MassHealth therefore terminated his benefits. Additionally, despite being given additional time following the appeal hearing to submit the outstanding documentation, namely, information regarding an account with [REDACTED] appellant failed to submit all required verifications to MassHealth or the hearing officer in a timely manner. Further, the appellant did not request additional time to submit the missing documentation. 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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

[REDACTED]  
MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129