

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509808
Decision Date:	10/27/2025	Hearing Date:	07/28/2025
Hearing Officer:	Christopher Jones	Record Open to:	10/16/2025

Appearance for Appellant:



Appearance for MassHealth:

Elizabeth Kittiphane - Quincy Intake



*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:	10/27/2025	Hearing Date:	07/28/2025
MassHealth's Rep.:	Elizabeth Kittiphane	Appellant's Rep.:	[REDACTED]
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 June 5, 2025, MassHealth denied the appellant's April 17, 2025, application for MassHealth benefits because the appellant did not give MassHealth information needed to decide their eligibility. (Exhibit 1; 130 CMR 515.008; 516.003.) The appellant filed this appeal in a timely manner on July 1, 2025. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Following the hearing, the record was held open until October 16, 2025, after several extensions were granted, to allow for the appellant to verify all financial resources.

Action Taken by MassHealth

MassHealth denied the appellant's application for failing to provide information needed to determine eligibility.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.003, in determining that the appellant failed to provide financial information needed to determine eligibility.

Summary of Evidence

On April 17, 2025, the appellant submitted a long-term care application. MassHealth requested verifications on April 29, 2025. The appellant submitted nursing facility documentation on May 5, 2025, and some additional verifications on May 29, 2025. Because there were still verifications missing, MassHealth denied the application on June 6, 2025. MassHealth identified 7 financial accounts and 2 vehicles that needed to be verified, in addition to part of the application and ARD forms that had not been completed correctly.

The appellant's representative testified that the appellant's community spouse is in poor health, and they were having difficulty responding to the information requests. The appellant's representative requested that the hearing record be kept open for 30 days to submit all of the missing verifications. At the close of the first record open deadline, the appellant submitted verifications for all but 2 investment accounts. MassHealth had requested a year's-worth of statements for each account. The appellant requested an extension to gather the missing documents.¹ The hearing record was extended to October 2, 2025, for the appellant to submit the remaining documents. It was noted that further extensions would not be allowed without good cause. MassHealth was to have until October 9, 2025, to review and respond.

The appellant timely requested a brief extension because they had received confirmation that the needed statements were mailed, and they expected it to take 6-10 business days to be delivered. The appellant submitted few non-consecutive statements and a 2020 tax document for one of the accounts. The record was extended to October 22, 2025, for the documents to be submitted and reviewed. The appellant's representative noted that they would be out of the office until October 16, but they would submit whatever was received upon their return. Upon their return to the office, the appellant's representative confirmed that they had not received account verifications. No good cause was offered for extending the record open period further, and the record was closed.

Findings of Fact

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

- 1) The appellant applied for long-term-care services in April 2025. (Testimony by MassHealth's representative; Exhibit 5.)

¹ In this email requesting an extension, the appellant's representative forwarded an earlier email to MassHealth's representative, stating that the closing statement for one of the investment accounts was submitted on September 10, 2025. It was later noted that this documentation was not in the administrative record and could not be reviewed. The appellant's representative's email did not reference the preceding year's bank statements that had been requested. (Exhibit 8.)

- 2) MassHealth sent a list of documents the agency needed in order to process the application, and MassHealth denied the application on June 6, 2025, when all documents were not received. (Testimony by MassHealth’s representative; Exhibit 1.)
- 3) After multiple extensions, the record was held open until October 22, 2025, for the appellant to submit the requested documents and for MassHealth to review them. (Exhibit 8.)
- 4) Many of the requested verifications were submitted on August 27, 2025. (Exhibit 6.)
- 5) Some, but not all, of the statements for one of the investment accounts were submitted on October 1, 2025. (Exhibit 7; Exhibit 8.)
- 6) The appellant did not submit all requested statements for the 2 investment accounts, and no good cause was offered for further extension. (Exhibit 8.)

Analysis and Conclusions of Law

MassHealth applicants must establish financial eligibility, which includes showing that their assets are below a threshold and that they reduced their assets in accordance with state and federal law. (See 130 CMR 520.000.) 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 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).)² 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 their application. The appellant 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.

² “Effective April 1, 2023, MassHealth [extended] the time that non-MAGI applicants and members will have for verifying eligibility factors and providing corroborative information, from 30 days to 90 days.” (EOM 23-09 (Mar. 2023).) This extended verification timeline was revoked for long-term care applicants effective September 9, 2024. (EOM 25-03 (Feb. 2025).)

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]

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171