

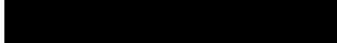
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2510164
<b>Decision Date:</b>	9/29/2025	<b>Hearing Date:</b>	08/08/2025
<b>Hearing Officer:</b>	Mariah Burns	<b>Record Open to:</b>	09/05/2025

**Appearances for Appellant:**



**Appearance for MassHealth:**

Douglas Thompson, Charlestown 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Under Age 65; Eligibility; Long-Term Care; Verifications
<b>Decision Date:</b>	9/29/2025	<b>Hearing Date:</b>	08/08/2025
<b>MassHealth's Rep.:</b>	Douglas Thompson	<b>Appellant's Reps.:</b>	[REDACTED]
<b>Hearing Location:</b>	Telephone (Charlestown)	<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 June 23, 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 July 9, 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 the appellant submitted all outstanding verifications needed for MassHealth to determine her long-term care benefit eligibility.

## Summary of Evidence

The appellant is an adult under the age of [REDACTED] who previously resided in a skilled nursing facility. She was represented at the hearing by Medicaid eligibility specialists. MassHealth was represented by a worker from the Charlestown 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 April 18, 2025, requesting a start date of April 5, 2025. MassHealth sent a request for information on May 19, 2025, with a due date of June 18, 2025. When the appellant did not comply with the request for information, MassHealth denied her application by notice dated June 23, 2025. As of the date of hearing, the following information was still outstanding:

- Proof of medical, dental and vision insurance;
- Verification of source of deposits and large withdrawals for three [REDACTED] bank accounts;
- [REDACTED] – proof of face value and current cash surrender value of policy.

The appellant's representatives agreed that those documents were outstanding. The record was kept open until August 29, 2025, for that information to be provided. After the closing of the hearing record, the appellant's representatives reported that the appellant was discharged and is unreachable. The MassHealth representative reported that he received documents satisfying the request related to the life insurance policy. However, no additional verification documents were submitted for the medical insurance and the bank accounts.

## Findings of Fact

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

1. The appellant is an adult under the age of [REDACTED] who previously resided in a skilled nursing facility and has since been discharged. Testimony.
2. On April 18, 2025, the appellant submitted an application for MassHealth long-term care benefits, requesting a coverage start date of April 5, 2025. Testimony
3. On May 19, 2025, MassHealth sent a request for information for certain information needed to determine the appellant's eligibility for benefits with a due date of June 18, 2025. Testimony.
4. When MassHealth did not receive all requested information, a denial notice was sent on June 23, 2025. Testimony, Exhibit 1.

5. The appellant filed a timely request for fair hearing on July 9, 2025. Exhibit 2.
6. As of the date of hearing, the following requested information is still outstanding:
  - Proof of medical, dental and vision insurance;
  - Verification of source of deposits and large withdrawals for three [REDACTED] bank accounts;
  - [REDACTED] – proof of face value and current cash surrender value of policy.

Testimony, Exhibit 1.

7. As of the closing of the record open period on August 29, 2025, the appellant provided no documents or information that satisfy the requests related to the proof of medical, dental and vision insurance, nor the source of deposits and/or withdrawals from her bank accounts. Exhibit 6 at 4.

## **Analysis and Conclusions of Law**

An applicant for any MassHealth benefit 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. See 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 documents related to her medical insurance nor any that verify the source of deposits or large withdrawals from her bank accounts. The appellant's representatives did not argue at the hearing that the verifications were properly satisfied, nor were any additional documents submitted to satisfy those requests 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 June 23, 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: Thelma Lizano, Charlestown MassHealth Enrollment Center