

Office of Medicaid

BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Denied	Appeal Number:	2510695
Decision Date:	12/8/2025	Hearing Date:	08/21/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	11/07/2025

Appearance for Appellant:

[REDACTED]

Appearance for MassHealth:
Carmen Sola

Interpreter:
Spanish-Language



*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:	12/8/2025	Hearing Date:	08/21/2025
MassHealth's Rep.:	Carmen Sola	Appellant's Rep.:	Guardian
Hearing Location:	Springfield MassHealth Enrollment Center	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 07/17/2025, MassHealth informed the appellant that it reviewed his application for MassHealth Long Term Care (LTC) benefits determined and that he is not eligible because he failed to submit requested verifications (130 CMR 515.008; Exhibit 1). On 07/17/2025, a timely appeal was filed on the appellant's behalf by his legal guardian (130 CMR 610.015(B); Exhibits 2 and 4). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

A fair hearing took place before the Board of Hearings (Board) on 08/21/2025 (Exhibit 3). The appellant representative requested an extension of time to submit the missing verifications. Her request was granted, and the record remained open in this matter until 10/24/2025 for the appellant's submission and until 11/07/2025 for MassHealth's response (Exhibit 6). No submission was made by either party during the record open period.

Action Taken by MassHealth

MassHealth denied the appellant's application for Long Term Care (LTC) benefits for failure to submit requested verifications.

Issue

The issue is whether or not the requested verifications were submitted to MassHealth.

Summary of Evidence

The MassHealth representative testified telephonically that the appellant submitted an application for MassHealth long term care (LTC) benefits on 04/29/2025, seeking MassHealth benefits on 04/29/2025. A request for verifications was sent by MassHealth, requesting various financial information to process the appellant's application for benefits. On 07/17/2025, some of the verifications remained outstanding and MassHealth denied the application.

As of the date of the fair hearing, the missing verifications were the following:

[REDACTED] Account statements from 08/01/2025 to present with beginning and ending balances and verification of all transactions of \$1,500.00 or more.

(Exhibit 5.)

The appellant's guardian testified that she needed some additional time to submit the missing verifications. Her request was granted, and the record remained open in this matter, as requested, until 10/24/2025 for the appellant's submission and until 11/07/2025 for MassHealth's response (Exhibit 6). No submission was made by either party.

Findings of Fact

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

1. The appellant, a nursing home resident, applied for MassHealth long term care benefits on 04/29/2025.
2. The appellant is requesting MassHealth benefits starting on 04/29/2025.
3. MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination.
4. On 07/17/2025, MassHealth denied the appellant's application for benefits because it did not receive the requested verifications.

5. The appellant submitted a request for a fair hearing on 07/17/2025.
6. A fair hearing took place before the Board of Hearings on 08/21/2025.
7. At the fair hearing, the MassHealth representative testified that the following verifications were not received by MassHealth:
 - [REDACTED] Account statements from 08/01/2025 to present with beginning and ending balances and verification of all transactions of \$1,500.00 or more.

(Exhibit 5.)

8. At the fair hearing, the appellant's representative requested additional time to submit the missing verifications. Her request was granted, and the record remained open in this matter, as requested, until 10/24/2025 for the appellant's submission and until 11/07/2025 for MassHealth's response (Exhibit 6).
9. Neither party made a submission during the record open period.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 515.008 address responsibilities of applicants and members as follows:

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

Regulations at 130 CMR 516.001(B) address corroborative information 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.

This appeal involves a denial of MassHealth LTC benefits based on the appellant's failure to provide

requested verifications within the regulatory time frame. The application was submitted on 04/29/2025, seeking the same date as the MassHealth request date. MassHealth sent a request for verifications to the appellant, requesting certain documents and information to establish eligibility for LTC benefits. The appellant failed to provide all of the requested information, and on 07/17/2025, MassHealth denied the appellant's application for failure to provide verifications. A timely appeal was filed on behalf of the appellant, and a fair hearing was held before the Board of Hearings.

As of the date of the fair hearing, the following verifications remained outstanding:

- [REDACTED] Account statements from 08/01/2025 to present with beginning and ending balances and verification of all transactions of \$1,500.00 or more.

At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. The record remained open until 10/24/2025 for the appellant's submission; however, no submission was made during the record open period.

MassHealth denied the LTC application based on a failure of the appellant to submit requested financial to MassHealth. The appellant's representative requested a hearing and during the record open period, did not provide the missing verification.

Accordingly, MassHealth's denial is supported by the regulations and the facts in the hearing record. 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc: [REDACTED]
[REDACTED]
[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243
Cottage Street, Springfield, MA 01104