

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511017
Decision Date:	11/7/2025	Hearing Date:	08/26/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	10/10/2025 for MassHealth; 10/17/2025 for Appellant

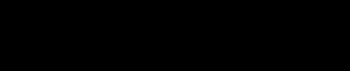
Appearance for Appellant:



Appearance for MassHealth:

Mandy Lau

Interpreter:



¹  is an authorized representative (see Exhibit 4).



*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:	11/7/2025	Hearing Date:	08/26/2025
MassHealth’s Rep.:	Mandy Lau	Appellant’s Rep.:	██████████
Hearing Location:	Charlestown 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 06/13/2025, 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 07/28/2025, a timely appeal was filed by the appellant (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 08/26/2025 (Exhibit 3). The appellant requested an extension of time to submit the missing verifications. His request was granted, and the record remained open in this matter until 10/10/2025 for the appellant’s submission and until 10/17/2025 for MassHealth’s response (Exhibits 5-8).

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 04/07/2025, seeking MassHealth benefits starting on 04/11/2025. A request for verifications was sent by MassHealth, requesting various financial information to process the appellant's application for benefits. On 06/13/2025, 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:

████████████████████ – Statements from 04/2024 to 04/2025; and
Verification that the appellant has been determined to be disabled by the Social Security Administration or MassHealth.

(Exhibit 5.)

The appellant represented himself at the fair hearing; however, the business office manager from the skilled nursing facility acted as his authorized representative during the record open period (see Exhibits 4-9).

At the fair hearing, the appellant testified that he has “an amputation,” and is unable to go to the bank. He testified that he cannot prove that he is disabled because he applied for Social Security and he received a denial notice. The appellant testified that he filed an application with MassHealth's Disability Evaluation Services (DES) claiming to be meet MassHealth's disability criteria, but he has not yet received an answer. He asked for additional time to provide the missing documentation to MassHealth. His request was granted, and the record remained open in this matter until 09/09/2025 for the appellant's submission and until 09/23/2025 for the appellant's submission (Exhibit 6).

On 09/12/2025, the appellant's representative submitted a request for an extension of the record open period because DES had not yet made a disability determination. Her request was granted, and the record open period was extended to 10/10/2025 for the appellant's submission and until 10/17/2025 for MassHealth's response.

The appellant made no submission to the hearing record during the record open period. On 10/17/2025, MassHealth informed the hearing officer that the appellant had not contacted DES to schedule a necessary consultative examination so that his disability application could be processed

(Exhibit 9.)

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 04/07/2025, seeking MassHealth benefits starting on 04/11/2025.
2. MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination.
3. On 06/13/2025, MassHealth denied the appellant's application for benefits because it did not receive the requested verifications.
4. The appellant submitted a request for a fair hearing on 07/28/2025.
5. A fair hearing took place before the Board of Hearings on 08/26/2025.
6. At the fair hearing, the MassHealth representative testified that the following verifications were not received by MassHealth:

████████████████████ – Statements from 04/2024 to 04/2025; and
Verification that the appellant has been determined to be disabled by the Social Security Administration or MassHealth.

(Exhibit 5.)

7. At the fair hearing, the appellant requested additional time to submit the missing verifications. His request was granted, and the record remained open in this matter, as requested, until 09/09/2025 for the appellant's submission and until 09/23/2025 for MassHealth's response (Exhibit 6).
8. The appellant's representative requested an extension of the record open period on 09/12/2025. Her request was granted, and the appellant's submission was due on 10/10/2025. MassHealth's response was due on 10/17/2025 (Exhibit 7).
9. The appellant made no submission to the hearing record during the record open period.
10. On 10/17/2025, MassHealth informed the hearing officer that the appellant had not submitted verification that he is disabled. DES informed MassHealth that the appellant was

contacted to attend a consultative examination, which is required for his application for disability status.

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 04/07/2025. 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 06/13/2025, 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:

████████████████████ – Statements from 04/2024 to 04/2025; and
Verification that the appellant has been determined to be disabled by the Social Security Administration or MassHealth.

At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. His request was granted, as was a request for an extension. During the record open period, the appellant made no submission to the hearing record.

