

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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|-------------------------|--------------------|------------------------|------------|
| Appeal Decision: | DENIED | Appeal Number: | 2511213 |
| Decision Date: | 11/07/2025 | Hearing Date: | 09/02/2025 |
| Hearing Officer: | Kenneth Brodzinski | Record Open to: | 10/10/2025 |

Appearance for Appellant:



Appearance for MassHealth:

Krystina Trout



*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

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|---------------------------|-----------------|--------------------------|-----------------------|
| Appeal Decision: | DENIED | Issue: | Missing Verifications |
| Decision Date: | 11/07/2025 | Hearing Date: | 09/02/2025 |
| MassHealth's Rep.: | Krystina Trout | Appellant's Rep.: | ██████████ |
| Hearing Location: | Springfield MEC | | |

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated July 18, 2025, MassHealth denied Appellant's application for MassHealth Long Term Care (LTC) benefits due to her failure to provide MassHealth with requested verifications needed to determine her financial eligibility (Exhibit A). Appellant filed for this appeal in a timely manner on July 31, 2025 (see 130 CMR 610.015(B) and Exhibit A). Denial of MassHealth benefits constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth Long Term Care benefits due to her failure to provide MassHealth with requested verifications needed to determine her financial eligibility.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied Appellant's application for MassHealth Long Term Care benefits due to her failure to provide MassHealth with requested verifications needed to determine her financial eligibility.

Summary of Evidence

Both parties appeared by telephone.

The MassHealth representative reviewed dates pertinent to Appellant's LTC application filed in June 2025 including the date that a written verification request was sent to Appellant. The stated due date for the verifications passed with Appellant having failed to file all of the requested documents. The MassHealth representative reviewed the verifications that were still missing (Exhibit B).

Appellant's representative did not disagree with the MassHealth representative's testimony and requested additional time to file the requested verifications. The request was granted. Thereafter, Appellant requested two additional extensions of the record-open period which were also granted (Exhibit C).

By the final record-close date, Appellant had not filed all of the requested verifications. In particular, Appellant had failed to verify the source and nature of monthly deposits which could possibly be some sort of health savings account. According to MassHealth, the regular deposits from this source range from \$20.00 to \$614.00 per month. Masshealth stated that the deposit source could be a source of income which would affect the applicant's Patient Paid Amount or it could be an employer-funded or self-funded health savings account which would be a countable asset. The MassHealth representative explained that without knowing the nature of this source, MassHealth is unable to make the necessary determination of whether or not Appellant's assets are at or below the \$2,000.00 asset limit to be eligible for MassHealth Long Term Care benefits (Exhibit C).

Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant filed a LTC application filed in June 2025.
2. Masshealth sent a written request for financial verifications that were missing from the LTC application.
3. When Appellant failed to file all of the requested verifications by the due date stated in its written request, MassHealth denied the application on July 18, 2025 (Exhibit A).
4. At hearing Appellant requested additional time to file the requested verifications; the request was granted along with two additional subsequent requests for additional time.
5. By the final record-close date, Appellant had not filed all of the requested verifications.

6. In particular, Appellant has failed to verify the source and nature of regular deposits which range from \$20.00 to \$614.00 per month.
7. Without the missing verifications, Masshealth is not able to determine whether or not Appellant's countable assets are at or below the \$2,000.00 eligibility limit.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

Regulation 130 CMR 516.003 in pertinent part states:

Verification of Eligibility Factors The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: MassHealth: Universal Eligibility Requirements, 130 CMR 518.000: MassHealth: Citizenship and Immigration, and 130 CMR 520.000: MassHealth: Financial Eligibility.

(A) Information Matches. The MassHealth agency initiates information matches with federal and state agencies and other informational services, as described at 130 CMR 516.004, when an application is received in order to verify eligibility.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

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

(1) The applicant or member has 30 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 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.

(3) A new application is required if a reapplication is not received within 30 days of the date of denial.

Appellant has simply failed to provide all of verifications that have been requested multiple times since she filed her application in June 2025. Without verifying the source of regular monthly deposits into her account, Appellant has left MassHealth without the ability to determine whether or not Appellant's countable assets are at or below the \$2,000.00 eligibility limit; therefore, MassHealth is unable to approve Appellant's application for LTC benefits at this time (130 CMR 520.003).

On this record, there is no basis in fact and/or law to disturb MassHealth's denial of July 18, 2025. The 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104, 413-785-4186