

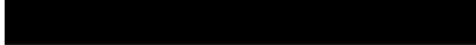
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511326
Decision Date:	10/03/2025	Hearing Date:	08/21/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:




Appearance for MassHealth:

Joshua Bailey



*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:	10/03/2025	Hearing Date:	08/21/2025
MassHealth’s Rep.:	Joshua Bailey	Appellant’s Rep.:	
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 07/23/2025, MassHealth informed the appellant that it reviewed his application for MassHealth Long Term Care (LTC) benefits, and it determined he is not eligible because he failed to submit requested verifications (130 CMR 515.008; Exhibit 1). On 08/01/2025, a timely appeal was filed on the appellant’s behalf, appointing the business office manager as his appeal representative (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).

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 a renewal application for MassHealth long term care (LTC) benefits on 06/17/2025. On 06/17/2025, MassHealth sent to the appellant a request for verifications of various financial information needed to process his application for benefits (verifications). The appellant's submission was due by 07/22/2025. On 07/23/2025, MassHealth informed the appellant that it planned to terminate his LTC benefits on 08/06/2025 because MassHealth did not receive the requested verification of his Comerica Bank account #5356. MassHealth requested that the appellant verify the current balance (by providing bank statements) or by verifying that the account was closed and where the proceeds went. As of the date of the hearing, the verification remained outstanding.

The appellant was represented in this matter by the business office manager of the skilled nursing facility where the appellant resides. She testified that the facility representatives have tried to get the appellant to contact the bank to provide the requested verification to MassHealth; however, he does not know the account number, he does not have a debit card, and he has no information about that account. He has not been able to gain access to the Comerica account. The appellant's representative testified that the appellant "has no recollection" of the bank account.

Findings of Fact

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

1. The appellant, a nursing home resident, was receiving MassHealth LTC benefits as a nursing facility resident.
2. On 06/17/2025, MassHealth received from the appellant an annual renewal form for LTC benefits.
3. As part of the eligibility review, MassHealth needs to receive verification of the appellant's assets and income.
4. On 06/17/2025, MassHealth sent the appellant a request for verifications, due on 07/22/2025.
5. One of the verifications that was requested by MassHealth was a current statement from his [REDACTED] or verification that the account was closed and how the

proceeds were spent.

6. On 07/23/2025, MassHealth informed the appellant that it planned to terminate his LTC benefits on 08/06/2025 for failing to provide the [REDACTED] verification.
7. The appellant submitted a request for a fair hearing on 08/01/2025.
8. A fair hearing took place before the Board of Hearings on 08/21/2025.
9. At the fair hearing, the MassHealth representative testified [REDACTED] verification was not received by MassHealth.
10. At the fair hearing the appellant's representatives did not show that the verification was provided by the appellant because he "has no recollection" of that bank account, and he has no debit card and no PIN.

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 renewal application was submitted on 06/17/2025. 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 07/23/2025, 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, MassHealth testified that it had not received the verification of the appellant's Comerica Bank Account #3536. The appellant's representative did not dispute that the verification was not provided.

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



MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104