

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512020
Decision Date:	10/1/2025	Hearing Date:	09/15/2025
Hearing Officer:	Christine Therrien	Record Open to:	09/29/2025

Appearance for Appellant:
[Redacted] Representative

Appearance for MassHealth:
Kathleen Towle, Springfield



*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:	LTC - Verifications
Decision Date:	10/1/2025	Hearing Date:	09/15/2025
MassHealth's Rep.:	Kathleen Towle	Appellant's Rep.:	██████████
Hearing Location:	Springfield MassHealth Enrollment Center (Telephonic)		

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 8/12/25, MassHealth denied the appellant's application for Long-Term Care (LTC) benefits because MassHealth did not receive the requested documents within the required timeframe. (130 CMR 516.001 and Exhibit 1). The appellant filed this appeal in a timely manner on 8/15/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032). The record was left open until 9/22/25 for the appellant to submit the missing verifications and until 9/29/25 to allow MassHealth to review all submissions. (Exhibit 6).

Action Taken by MassHealth

MassHealth denied the appellant's LTC benefits application due to the failure to submit the required verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant is ineligible for LTC benefits for failing to submit the required

verifications.

Summary of Evidence

The appellant is a single individual over the age of 65. The appellant submitted a MassHealth LTC application on 5/9/25 with no requested start date. The MassHealth representative testified that on 5/20/25, MassHealth sent a request for verifications due within 30 days. The application was denied for outstanding verifications on 6/26/25. The MassHealth representative testified that the application was “re-apped” on 7/7/25 after some verifications were received, and a second request for verifications was mailed on that date. The MassHealth representative testified that on 8/12/25, a denial was issued for failure to submit all the required verifications. (Exhibit 1). The MassHealth representative testified that the following verifications were outstanding:

- 1) Personal Needs Account information and running balances.
- 2) Private payment statement and what each payment covered.
- 3) SC-1 form.

The appellant’s representative testified that the appellant was recently admitted to a facility, and he thought the facility had sent over all the documents. The appellant was admitted to the facility on [REDACTED] 25.

The MassHealth representative testified that there was a signed release from the facility in the system, but the missing verifications have not been received yet.

Following the appeal hearing, the record was left open until 9/22/25 to allow time for the appellant’s representative to submit the missing verifications, and until 9/29/25 to give MassHealth time to review all the submitted verifications. (Exhibit 6).

The hearing record closed on 9/22/25, and no verifications were submitted, nor did the appellant’s representative request additional time. (Exhibit 7).

Findings of Fact

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

- 1) The appellant is a single individual over the age of 65.
- 2) The appellant submitted a MassHealth LTC application on 5/9/25 with no requested start date.
- 3) On 5/20/25, MassHealth sent a request for verifications due within 30 days.

- 4) On 6/26/25, the application was denied for outstanding verifications.
- 5) The application was “re-apped” on 7/7/25 after some verifications were received, and a second request for verifications was mailed on that date.
- 6) On 8/12/25, a denial was issued for failure to submit all the required verifications.
- 7) The following verifications were outstanding:
 1. Personal Needs Account information and running balances.
 2. Private payment statement and what each payment covered.
 3. SC-1 form.
- 8) The appellant was admitted to a facility on [REDACTED] 25.
- 9) MassHealth has a signed release of information form from the facility.
- 10) Following the appeal hearing, the record was left open until 9/22/25 to allow time for the appellant’s representative to submit the missing verifications and until 9/29/25 to give MassHealth time to review all the submitted verifications.
- 11) The hearing record closed on 9/22/25, and no verifications were submitted, nor did the appellant’s representative request additional time in which to do so.

Analysis and Conclusions of Law

Regulation 130 CMR 516.001(C) provides that MassHealth may request additional information or documentation, if necessary, to determine eligibility. The request is generally sent to the applicant within 5 days of receipt of the application and provides 30 days to return the needed documents. Pursuant to 130 CMR 516.001(D), if the verifications are not submitted within 30 days of the date of the request, MassHealth benefits may be denied. Thereafter, if one or more of the documents are submitted within 30 days of the denial, the date of receipt shall be the reapplication date.

The appellant’s representative neither submitted any of the missing verifications before or after the appeal hearing, nor did he request additional time in which to do so. Since the appellant has not provided the verifications necessary to determine her MassHealth eligibility, MassHealth correctly denied the application.

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.

Christine Therrien
Hearing Officer
Board of Hearings


cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center