

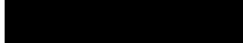
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515205
Decision Date:	12/3/2025	Hearing Date:	11/17/2025
Hearing Officer:	Cynthia Kopka	Record Open to:	11/26/2025

Appearance for Appellant:



Appearance for MassHealth:

Patricia Rogers, Taunton MEC



*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:	12/3/2025	Hearing Date:	11/17/2025
MassHealth’s Rep.:	Patricia Rogers	Appellant’s Rep.:	██████████
Hearing Location:	Springfield (remote)	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

By notice dated September 15, 2025, MassHealth denied Appellant's application for long term care benefits because Appellant failed to submit required information. Exhibit 1. Appellant filed this appeal in a timely manner on October 16, 2025. Exhibit 2, 130 CMR 610.015(B). Denial of assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open at Appellant’s request through November 26, 2025. Exhibit 5.

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth benefits because Appellant failed to submit required verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in denying Appellant’s application for failure to provide requested verifications.

Summary of Evidence

A MassHealth eligibility representative appeared by phone and testified as follows. MassHealth received Appellant's current application for long term care benefits on June 27, 2025. MassHealth denied this application on September 15, 2025 for failure to submit verifications. Appellant had filed an earlier application in May 2024 that was denied for both verification and excess assets and appealed to the Board of Hearings (BOH) (Appeal Nos. 2414454 and 2501983). The earlier application date was not preserved because BOH denied Appellant's excess asset appeal as there was no proof of asset reduction.

The MassHealth representative testified that the earliest retroactive date available for the current application would be March 1, 2025. In order to determine if Appellant is eligible, MassHealth needs updated [REDACTED] statements from January 1, 2025 to the present or to closure. Appellant would also have to revise the application to reflect that she has a life insurance policy and to provide verification of the current cash value of [REDACTED]. BOH denied Appellant's Appeal No. 2501983 because Appellant did not provide proof that the life insurance policy had been properly spent down or transferred to a funeral home. The cash value of the policy at the time of the prior appeal was \$2,028.61.

Appellant's representative testified that she was formerly Appellant's conservator, but her conservatorship lapsed and was not renewed. Appellant's representative was reappointed in the limited capacity of assisting Appellant with the MassHealth application. Appellant's representative testified that she has the [REDACTED] statements to provide. Regarding the life insurance policy, Appellant refuses to call the life insurance company to get the current cash surrender value. Appellant will not cooperate with the MassHealth application because she wants to be discharged from the nursing facility. Appellant has been billed for her nursing facility stay but refuses to pay.

Appellant's representative testified that Appellant is over the MassHealth limit by \$28. Appellant's representative has set up a prepaid burial contract for Appellant, which is ready for Appellant to transfer ownership to fully spend down the assets.

The hearing record was held open through November 24, 2025 for Appellant to submit the remaining verifications, and for MassHealth to review and respond. Exhibit 5. Appellant's representatives requested an extension through December 1, 2025 to provide the cash surrender value of the life insurance policy. *Id.* Appellant's representatives did not provide the outstanding verifications as of December 2, 2025. *Id.*

Findings of Fact

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

1. Appellant's May 2024 application for MassHealth benefits was denied for excess assets.

Appellant's appeal of MassHealth's denial was denied by BOH (Appeal No. 2501983).

2. On June 27, 2025, MassHealth received Appellant's current application for long term care benefits.
3. On September 15, 2025, MassHealth denied the application for failing to submit the corroborative information requested, including revising the application question about life insurance and providing an updated cash surrender value for Appellant's life insurance policy. Exhibit 1.
4. Appellant filed this appeal on October 16, 2025. Exhibit 2.
5. The hearing record was held open and extended through December 8, 2025. Exhibit 5.
6. Appellant did not provide a revised answer to the application question regarding life insurance, did not verify the current cash surrender value of her insurance policy, and did not submit the updated bank statements.

Analysis and Conclusions of Law

An individual applying for MassHealth long term care benefits (or the individual's authorized representative) must submit a complete application and all required supplements. 130 CMR 516.001(A)(1). Pursuant to 130 CMR 515.008(A), an "applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility." After receiving an application for MassHealth benefits, MassHealth proceeds 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 the 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.

130 CMR 516.001(B). "If the requested information...is received [by MassHealth] within 30 days of the date of the request, the [application] is considered complete...If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied" 130 CMR 516.001(C).

MassHealth received Appellant's current application on June 27, 2025 and denied the application on September 15, 2025 for failure to verify. Appellant did not provide the requested life insurance verifications by the December 1, 2025 record open deadline.

Appellant has not met the requirements of 130 CMR 515.008(A) and 130 CMR 516.001(C) by providing the corroborative information necessary for MassHealth to determine eligibility. Accordingly, 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.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc: [REDACTED]

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