

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515457
Decision Date:	12/9/2025	Hearing Date:	11/17/2025
Hearing Officer:	Christine Therrien	Record Open to:	12/01/2025

Appearance for Appellant:
[Redacted] Representative

Appearance for MassHealth:
Arlene Hatch, Quincy



*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:	12/9/2025	Hearing Date:	11/17/2025
MassHealth's Rep.:	Arlene Hatch	Appellant's Rep.:	██████████
Hearing Location:	Quincy Harbor South 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 9/8/25, 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 10/22/25. (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 11/26/25 for the appellant to submit the missing verifications and until 12/1/25 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 MassHealth representative testified that MassHealth sent a request for a 2025 renewal of LTC coverage. The MassHealth representative testified that MassHealth did not receive the completed renewal, so the appellant's coverage was terminated on 9/30/25. The MassHealth representative testified that MassHealth received the renewal application on 10/10/25, and a request for information was sent to the appellant on 10/10/25. The MassHealth representative testified that the appellant has not submitted all the required verifications. (Exhibit 1). The MassHealth representative testified that the following verifications were outstanding:

1. Proof of Bank Account Information from the appellant's checking account dated within the last 45 days.
2. Proof of Life Insurance, dated within 45 days, which indicates the face and cash surrender value.

Following the appeal hearing, the record was left open until 11/26/25 to allow time for the appellant's representative to submit the missing verifications, and until 12/1/25 to give MassHealth time to review all the submitted verifications. (Exhibit 6).

The hearing record closed on 11/26/25. The bank account statement and insurance information that were submitted were from 2022 and not within the last 45 days. The appellant's representative did not request additional time to provide updated verifications. (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. MassHealth sent a request to the appellant to renew her LTC coverage in 2025.
3. The MassHealth representative testified that MassHealth did not receive the completed renewal, so the appellant's coverage was terminated on 9/30/25.
4. The MassHealth representative testified that MassHealth received the renewal application on 10/10/25, and a request for information was sent to the appellant on 10/10/25.
5. The MassHealth representative testified that the appellant has not submitted all the required verifications. (Exhibit 1).

6. The following verifications were outstanding:
 - Proof of Bank Account Information from the appellant's checking account dated within the last 45 days.
 - Proof of Life Insurance, dated within 45 days, which indicates the face and cash surrender value.
7. The record was left open until 11/26/25 to allow time for the appellant's representative to submit the missing verifications, and until 12/1/25 to give MassHealth time to review all the submitted verifications. (Exhibit 6).
8. The hearing record closed on 11/26/25. The bank account statement and insurance information that were submitted were from 2022 and not within the last 45 days.
9. The appellant's representative did not request additional time to provide updated verifications. (Exhibit 7).

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 did not submit the requested verifications during the application renewal process, nor did she submit requested verifications after the appeal hearing during a record open period. Further, she did not request an extension of the record open period. Since the appellant has not provided the verifications necessary for her MassHealth coverage renewal, MassHealth correctly terminated the appellant's MassHealth.

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: Quincy MEC, Attn: Appeals Coordinator, Cassandra Moura