

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2516881
Decision Date:	02/05/2026	Hearing Date:	12/11/2025
Hearing Officer:	Kenneth Brodzinski	Record Open to:	01/23/2026

Appearance for Appellant:



Appearance for MassHealth:

Lindsay Gallant



*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:	02/05/2026	Hearing Date:	12/11/2025
MassHealth's Rep.:	Lindsay Gallant	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton		

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 October 24, 2025, MassHealth denied Appellant's MassHealth Long Term Care application due to failure to provide MassHealth with requested documentation needed to determine financial eligibility (Exhibit A). Appellant filed for this appeal in a timely manner on November 14, 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 MassHealth Long Term Care application due to failure to provide MassHealth with requested documentation needed to determine financial eligibility.

Issue

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

Summary of Evidence

The MassHealth representative testified that the subject notice dated October 24, 2025 concerns a second denial of an application for MassHealth Long Term Care benefits due to failing to file all requested verifications needed to determine Appellant's financial eligibility. Appellant did not appeal the first denial. The MassHealth representative reviewed the verifications that were still outstanding as listed in the documentation MassHealth filed into the record (Exhibit B).

Appellant's representative acknowledged that she understood what was still missing and requested that the record be held open a month to allow her to file the requested verifications. The hearing officer granted the request plus an additional week in consideration of the end-of-the-year holidays. MassHealth was given a week thereafter to respond.

Five days after the record had closed for Appellant, MassHealth issued an email stating that Appellant had failed to file any of the outstanding verifications, although a single-page bank statement was faxed that was illegible (Exhibit C). Appellant's representative then made an open request for additional time mentioning that she had a request outstanding to the VA for one of the verifications (Exhibit D). This request was denied.

Findings of Fact

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

1. On October 24, 2025, MassHealth issued a second denial of an application for MassHealth Long Term Care benefits due to failing to file all requested verifications needed to determine Appellant's financial eligibility.
2. Appellant did not appeal the first denial.
3. At hearing, Appellant's representative acknowledged that she understood what was still missing and requested that the record be held open a month to allow her to file the requested verifications.
4. The hearing officer granted the request plus an additional week in consideration of the end-of-the-year holidays. MassHealth was given a week thereafter to respond.
5. By the close of Appellant's record-open period, Appellant had failed to file any of the outstanding verifications, although a single-page bank statement was faxed that was illegible (Exhibit C).
6. After receiving MassHealth's post-hearing response, Appellant's representative made an open request for additional time mentioning that she had a request outstanding to the VA

for one of the verifications (Exhibit D); this request was denied.

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)). On this record, Appellant has failed to meet her burden.

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.

MassHealth issued written verification requests and two denial notices when verifications were not filed by the due dates which comports with the above-cited regulations.

Despite being granted the requested record-open period plus an additional week, Appellant has still failed to file all the requested verifications. Appellant's request for additional time was open-ended, not timely as it came in past the end of the record open period and failed to explain why the verifications were not obtained in a timely manner. The request also referenced only one of the multiple verifications that were still outstanding (the VA pension) and made no effort to explain why the other verifications remained outstanding.

On this record, there is no basis in law or fact to overturn MassHealth's denial of October 24, 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]

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MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616