

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418298
Decision Date:	2/11/2025	Hearing Date:	12/30/2024
Hearing Officer:	Christopher Jones	Record Open to:	02/07/2025

Appearance for Appellant:



Appearance for MassHealth:

Lynn Bloomquist



*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:	2/11/2025	Hearing Date:	12/30/2024
MassHealth's Rep.:	Lynn Bloomquist	Appellant's Rep.:	[REDACTED]
Hearing Location:	Telephonic	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 November 7, 2024, MassHealth denied the appellant's application for long-term-care benefits because MassHealth determined that the appellant had not provided all verifications needed to determine her eligibility. (Exhibit 1; 130 CMR 515.008.) The appellant filed this appeal in a timely manner on November 29, 2024. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Following the hearing, the record was left open until February 7, 2025, for the appellant to submit additional verifications and for MassHealth to review and respond.

Action Taken by MassHealth

MassHealth denied the appellant's long-term-care application because the appellant did not provide documentation needed to verify all eligibility conditions.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.001, in determining that the appellant is ineligible for coverage for failing to cooperate and verify resources.

Summary of Evidence

The appellant was an individual over the age of 65 when he entered the nursing facility in late 2023. An application for long-term-care benefits was filed on September 20, 2024, and MassHealth payment for nursing facility services was requested as of July 6, 2024. In response to the application, MassHealth mailed out a letter requesting verifications, and MassHealth denied the application when all verifications were not received. MassHealth's representative testified that some verifications were received on December 2, 2024, and the case was re-logged with a re-application date as of that time. However, the original application date was being preserved through this hearing.

The parties reviewed what financial verifications were still needed on the record, including documentation of a trust and a life insurance policy. The appellant's representative requested that the record be left open for those verifications to be submitted. The appellant was allowed until January 24, 2025, to submit all required documents, and MassHealth was allowed until February 7, 2025, to review and respond. At the close of the record open period, no documentation had been submitted. The appellant's representative confirmed that she had received no further documentation from the appellant's family. MassHealth's representative then reported that it appeared the appellant had passed away and requested confirmation from the appellant's representative. The appellant's representative did not respond.

Findings of Fact

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

- 1) The appellant applied for long-term-care services in September 2024. (Testimony by MassHealth's representative.)
- 2) MassHealth sent the appellant a list of documents the agency needed in order to process the application, and MassHealth denied the application on November 7, 2024, when no documents were received. (Testimony by MassHealth's representative; Exhibit 1.)
- 3) The record was left open until January 24, 2025 for the appellant to submit the requested documents. The appellant's representative did not submit any additional documentation. (Exhibit 4.)

Analysis and Conclusions of Law

MassHealth applicants must establish financial eligibility, which includes showing that their assets are below a threshold and that they reduced their assets in accordance with state and federal law. (See 130 CMR 520.000.) To qualify for long-term-care benefits, an applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information.

(See 130 CMR 516.001.) “If the requested information is received within 30 days of the date of denial, the date of receipt of one or more of the verifications is considered the date of reapplication.” (130 CMR 516.002(A); cf. EOM 23-09 (Mar. 2023) (extending time for non-MAGI to verify eligibility factors and provide documentation from 30 days to 90 days).)¹ If a MassHealth member fails to cooperate with MassHealth and submit the documentation requested, MassHealth will deny the member’s application. (See 130 CMR 515.008(C).)

The appellant failed to submit all requested information and cooperate with MassHealth during the processing of their application and failed to submit requested verifications despite an extension afforded through the fair hearing process. For this reason, this appeal is DENIED.²

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.

¹ The language of the regulation itself gives 30 days to verify eligibility factors. “Effective April 1, 2023, MassHealth [extended] the time that non-MAGI applicants and members will have for verifying eligibility factors and providing corroborative information, from 30 days to 90 days. This extension will provide more time to respond to a Request for Information and submit verifications and information necessary for MassHealth to make an eligibility determination.” (EOM 23-09 (Mar. 2023).) There is no published guidance from MassHealth revoking or amending this EOM.

² Were this appeal not denied, it is likely it would be dismissed as the applicant appears to have died. (See 130 CMR 610.016(B); 610.035(A)(7).) However, there is nothing in the record verifying the appellant’s death, therefore this matter stands as denied.

Christopher Jones
Hearing Officer
Board of Hearings



MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957