

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2418303
Decision Date:	2/10/2025	Hearing Date:	12/31/2024
Hearing Officer:	Sharon Dehmand	Record Open to:	02/07/2025

Appearance for Appellant:



Appearance for MassHealth:

Sandy Xie, Quincy 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:	2/10/2025	Hearing Date:	12/31/2024
MassHealth’s Rep.:	Sandy Xie	Appellant’s Rep.:	
Hearing Location:	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

Through a notice dated October 31, 2024, MassHealth denied the appellant’s application for MassHealth long-term care services because MassHealth determined that the appellant did not provide necessary information MassHealth requires to decide the appellant’s eligibility within the required time frame. See 130 CMR 515.008 and Exhibit 1. The Appellant filed this appeal in a timely manner on November 29, 2024. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

Action Taken by MassHealth

MassHealth denied the appellant’s application for long-term-care services in a nursing facility.

Issue

Whether MassHealth was correct in denying the appellant’s application for MassHealth long-term care benefits pursuant to 130 CMR 515.008.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Quincy

MassHealth Enrollment Center. The appellant was represented by a conservator who confirmed his identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant was admitted to a long-term-care facility on [REDACTED] 2022. A long-term care application was submitted on the appellant's behalf on April 30, 2024, seeking coverage to begin in June 2022. On May 22, 2024, as part of the eligibility process, MassHealth issued a request for information (VC-1), seeking verifications. No verifications were submitted by the due date of August 20, 2024. Through a notice dated August 26, 2024, MassHealth denied the appellant's application for long-term care services because the appellant did not provide MassHealth the information it needed to decide his eligibility. Subsequently, MassHealth received some of the verifications requested. On September 26, 2024, MassHealth started the reapplication process and issued a request for outstanding verifications due by October 26, 2024. No verifications were submitted. On October 31, 2024, MassHealth issued a notice denying the appellant's application for failing to submit information necessary to determine eligibility. The MassHealth representative stated that the following items are still outstanding: 1) bank statements for a [REDACTED] account demonstrating ownership; 2) deed and valuation for the appellant's real estate; 3) [REDACTED] IRA statements; 4) personal needs allowance (PNA) statement; 5) expectation to return home statement; and 6) bank statements for the account ending in [REDACTED] to which deposits have been made. See Exhibit 1 and Exhibit 5.

The appellant's conservator agreed that the coverage start date can only be set retroactively up to three months prior to the application date. She added that she had previously sent some of the verifications requested by MassHealth. After reviewing the appellant's submissions again, the MassHealth representative responded that she does not have the verifications listed during the hearing. The appellant's conservator agreed to submit the outstanding verifications.

The record was held open until January 31, 2025, for the appellant to submit the missing verifications, and until February 7, 2025, for MassHealth to review and respond. See Exhibit 5. The appellant submitted some of the verifications. See Exhibit 6. Through an email on February 10, 2025, the MassHealth representative stated that not all requested verifications were submitted by the appellant. As a result, MassHealth is unable to make an eligibility determination. See Exhibit 7.

Findings of Fact

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

1. The appellant is over the age of 65 and lives in a long-term care facility. (Testimony and Exhibit 4).
2. The appellant was admitted to a nursing facility on [REDACTED] 2022. (Testimony).

3. On April 30, 2024, a long-term care application for the appellant was received by MassHealth. (Testimony).
4. On August 26, 2024, MassHealth denied the appellant's application for long-term care services because the appellant failed to provide MassHealth the information it requested as part of the first VC-1 request issued on May 22, 2024. (Testimony and Exhibit 4).
5. On September 26, 2024, MassHealth started the reapplication process after it received some of the verifications requested. (Testimony).
6. On October 31, 2024, MassHealth denied the appellant's application for MassHealth long-term care services because MassHealth determined that the appellant did not provide necessary information MassHealth requires to decide the appellant's eligibility within the required time frame. (Testimony and Exhibit 1).
7. MassHealth determined that the following items were still outstanding: 1) bank statements for a [REDACTED] account demonstrating ownership; 2) deed and valuation for the appellant's real estate; 3) [REDACTED] IRA statements; 4) personal needs allowance (PNA) statement; 5) expectation to return home statement; and 6) bank statements for the account ending in [REDACTED] to which deposits have been made. (Testimony and Exhibit 1).
8. The appellant filed this appeal in a timely manner on November 29, 2024. (Exhibit 2).
9. The record was held open until February 7, 2025, for the appellant's conservator to submit the missing verifications and for MassHealth to respond to the submissions. (Exhibit 5).
10. During the record open period, the appellant's conservator submitted some verifications. (Exhibit 6).
11. On February 10, 2025, the MassHealth representative stated that there were still missing verifications, such that he could not complete an eligibility determination. (Exhibit 7).
12. Only one of the listed verification documents was submitted, namely: item 3. (Exhibit 6).

Analysis and Conclusions of Law

MassHealth administers and is responsible for delivery of healthcare benefits to MassHealth members. See 130 CMR 515.002. Eligibility for MassHealth benefits differs depending on an applicant's age. Regulations 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged 65 or older, institutionalized

persons of any age, persons who would be institutionalized without community-based services, and certain Medicare beneficiaries. See 130 CMR 515.002(B).

In this case, the appellant is over the age of 65 and resides in a nursing facility. As such he is an institutionalized person and subject to the requirements of the provisions of Volume II. See 130 CMR 515.002.

In order to determine an appellant's eligibility, it is incumbent upon an applicant to cooperate with MassHealth and provide necessary information for a determination:

515.008: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

See 130 CMR 515.008.

Here, there is no dispute that MassHealth required additional information to determine eligibility. Despite the request for additional information, ultimately MassHealth did not receive the information required for a determination. See 130 CMR 516.001(B); Exhibit 1. A Notice of denial was sent to the appellant in accordance with the regulations. See 130 CMR 516.001 (C); Exhibit 1.

During the hearing held on December 31, 2024, the MassHealth representative testified that the following items were still outstanding: 1) bank statements for a [REDACTED] account demonstrating ownership; 2) deed and valuation for the appellant's real estate; 3) [REDACTED] IRA statements; 4) personal needs allowance (PNA) statement; 5) expectation to return home statement; and 6) bank statements for the account ending in [REDACTED] to which deposits have been made. The appellant's conservator agreed to provide the enumerated verifications. The record

was left open until February 7, 2025, for the appellant to submit the outstanding verifications and for MassHealth to respond to the submissions.

During the record open period, the appellant's conservator submitted some verifications. See Exhibit 6. Through an email, the MassHealth representative responded that verifications are still missing and that MassHealth is unable to complete an eligibility determination. See Exhibit 7.

Based on my review of the record, only one of the items listed on the record open was submitted, namely: item 3. See Exhibit 5. An Appellant has a duty to cooperate with MassHealth and provide necessary information. See 130 CMR 515.008(A). An Appellant must provide corroborative information for MassHealth to determine eligibility. See generally 130 CMR 516.001. An appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2006). Here, the appellant has failed to do so. Accordingly, I find that MassHealth correctly denied the appellant's application for long-term care services.

For the foregoing reasons, this appeal is DENIED.¹

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

¹ Any subsequent MassHealth notices will carry their own separate appeal rights.

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171