

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2418665
<b>Decision Date:</b>	4/30/2025	<b>Hearing Date:</b>	03/31/2025
<b>Hearing Officer:</b>	Sharon Dehmand	<b>Record Open to:</b>	04/22/2025

**Appearance for Appellant:**



**Appearance for MassHealth:**

Kelly Rosati, Springfield 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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Long Term Care; Verifications
<b>Decision Date:</b>	4/30/2025	<b>Hearing Date:</b>	03/31/2025
<b>MassHealth's Rep.:</b>	Kelly Rosati	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 2, 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 December 6, 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 Springfield MassHealth Enrollment Center. The appellant was represented by a conservator who confirmed his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant was admitted to a long-term-care facility on [REDACTED]. A long-term care application was submitted on the appellant's behalf on July 5, 2024, seeking coverage to begin on March 7, 2024. The appellant was on MassHealth Standard until his coverage ended on March 6, 2024. Through a notice dated November 2, 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. Specifically, MassHealth determined that the following items were still outstanding: 1) nursing facility screening; 2) personal needs allowance (PNA) statement; and 3) [REDACTED] statements for the account ending in [REDACTED] from July 1, 2023 to present. See Exhibit 1 and Exhibit 5. The MassHealth representative testified that these three items remained outstanding as of the hearing date.

The appellant's conservator testified that the appellant has been in the nursing facility since [REDACTED]. After his recent appointment as the conservator, he conducted a financial review and discovered only one bank account containing approximately \$59,000.00. He has since transferred the funds into a conservatorship account and plans to use most of the money to pay the outstanding balance owed to the nursing facility and to establish a burial account. The appellant's conservator agreed to submit the outstanding verifications. The MassHealth representative responded by requesting additional verifications regarding the account to which the funds were transferred to and a breakdown of the spending of the funds.

The record was held open until April 14, 2025, for the appellant to submit the missing verifications, and until April 22, 2025, for MassHealth to review and respond. See Exhibit 6. On or about April 7, 2025, the appellant's conservator submitted [REDACTED] statements for the account ending in [REDACTED] from July 1, 2023 to closing. See Exhibit 7. Through an email on April 25, 2025, the MassHealth representative stated that there were still missing verifications. See Exhibit 8, p. 2.

On April 25, 2025, after the record open period ended, the appellant's conservator wrote in an email that the appellant "has no PNA account. There is therefore no balance." See Exhibit 8, p. 2. On April 28, 2025, the appellant's conservator submitted a letter from the nursing facility stating that the appellant does not have a PNA account with the nursing facility. See Exhibit 8. The appellant's conservator had not requested an extension of time to the record open period. See Exhibit 8, p. 1.

## Findings of Fact

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

1. The appellant is over the age of [REDACTED] and lives in a long-term care facility. (Testimony and Exhibit 4).
2. On July 5, 2024, a long-term care application for the appellant was received by MassHealth seeking a coverage start date of March 7, 2024. (Testimony).
3. On November 2, 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).
4. MassHealth determined that the following items were still outstanding: 1) nursing facility screening; 2) personal needs allowance (PNA) statement; and 3) [REDACTED] statements for the account ending in [REDACTED] from July 1, 2023 to present. (Testimony and Exhibit 1).
5. The appellant filed this appeal in a timely manner on December 6, 2024. (Exhibit 2).
6. As of the hearing on March 31, 2025, the appellant had not provided the three outstanding items. (Testimony).
7. The record was held open until April 22, 2025, for the appellant's conservator to submit the missing verifications and for MassHealth to respond to the submissions. (Exhibit 6).
8. During the record open period, the appellant's conservator submitted some verifications. (Exhibit 7).
9. On April 25, 2025, the MassHealth representative stated that there were still missing verifications. (Exhibit 8).
10. Only one of the listed verification documents was submitted timely, namely: item 3. (Exhibit 7).

## 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 [REDACTED] 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 [REDACTED] 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 March 31, 2025, the MassHealth representative testified that the following items were still outstanding: 1) nursing facility screening; 2) personal needs allowance (PNA) statement; and 3) [REDACTED] statements for the account ending in [REDACTED] from July 1, 2023 to present. The appellant's conservator agreed to provide the enumerated verifications. The record was left open until April 22, 2025, for the appellant to submit the outstanding verifications and for

MassHealth to respond to the submissions. See Exhibit 6.

During the record open period, the appellant's conservator submitted some verifications. See Exhibit 7. Through an email, the MassHealth representative responded that verifications are still missing. See Exhibit 8.

Based on my review of the record, only one of the items listed on the record open was submitted timely, namely: item 3. See Exhibit 7. The appellant's conservator submitted a letter from the nursing facility on April 28, 2025 asserting the absence of a PNA account. However, this submission was untimely because the record open period ended on April 22, 2025, and the appellant did not request an extension.<sup>1</sup> See 130 CMR 610.012(C)(1)(the decision of the hearing officer is based only on those matters that are presented at the hearing or during a record open period). Regardless of the aforementioned, the fact remains that item 1 is still outstanding. See Exhibit 8, p. 1.

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. Moreover, 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 conservator agreed to provide the missing verifications but 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.<sup>2</sup>

## **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.

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<sup>1</sup> On April 28, 2025, this Hearing Officer through an email inquired from the appellant's conservator whether an extension to the record open period had been requested. No response was received. Although the MassHealth representative indicated a willingness to accept the untimely "PNA letter" as verification for item 2, no request for an extension was made or granted. Therefore, the submission remains untimely. See Exhibit 8, p. 1.

<sup>2</sup> Any subsequent MassHealth notices will carry their own separate appeal rights.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186