

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418791
Decision Date:	5/9/2025	Hearing Date:	01/06/2025
Hearing Officer:	Kimberly Scanlon	Record Open to:	04/18/2025

Appearance for Appellant:



Appearance for MassHealth:

Kathy Boileau-Taunton 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:	Eligibility; Under 65; Long-term care; Verifications
Decision Date:	5/9/2025	Hearing Date:	01/06/2025
MassHealth's Rep.:	Kathy Boileau	Appellant's Rep.:	
Hearing Location:	Taunton MassHealth Enrollment Center Room 3 (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 September 18, 2024, MassHealth notified the appellant that he was not eligible to receive MassHealth benefits because he did not submit the information it needed to decide his eligibility within the required timeframe (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on October 10, 2024 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence and for MassHealth to review and respond (Exhibit 7).

Action Taken by MassHealth

MassHealth notified the appellant that he was not eligible to receive MassHealth benefits because he did not submit the information needed to determine his eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that he was not eligible for MassHealth benefits because he did not submit the information needed to determine his eligibility within the required timeframe.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is married, and he is under the age of 65. He was previously deemed disabled by the Disability Evaluation Services (DES) and reported receiving no income. On October 23, 2023, the appellant's spouse was Court-appointed as the appellant's guardian. On April 5, 2024, MassHealth was notified that the appellant was admitted to a long-term care facility on [REDACTED], [REDACTED]. On April 16, 2024, MassHealth sent the facility a long-term care conversion application. On April 23, 2024, MassHealth received the appellant's application for long-term care benefits. On August 19, 2024, MassHealth notified the appellant that additional information was needed to determine his eligibility, which was due by November 12, 2024. (Exhibit 6, pp. 28-31). MassHealth did not receive any of the requested documentation. On November 21, 2024, MassHealth notified the appellant that he is not eligible for benefits because he did not provide the requested documentation needed to determine his eligibility (Exhibit 1). As of the date of the hearing, the following verifications were still outstanding:

- Re-submission of the appellant's long-term care application and supplement, with all information filled out for the appellant's spouse;
- Checking account statements from [REDACTED] from December 1, 2023 through present;
- All income, asset and spousal expenses for the appellant's spouse;
- Proof that the appellant submitted an application for social security benefits to the Social Security Administration.

(Exhibit 1, p. 3).

The appellant's representative appeared at the hearing by telephone and testified that she was unaware that the appellant's spouse was appointed as his guardian. She stated that the appellant informed her that he was amid divorcing his spouse and that they have been estranged for the past 2 years. The appellant's representative stated that she would need additional time to have further discussions with the appellant.

Following the hearing, the record was left open for a brief period to allow the appellant additional time to submit the outstanding verifications to MassHealth, and for MassHealth to review all submissions (Exhibit 7). The MassHealth representative subsequently responded that she received some, but not all, of the requested verifications that are needed to determine the appellant's eligibility (Exhibit 8). She noted the following verifications remain outstanding: the bank account

and income information for the appellant's spouse. Additionally, the MassHealth representative responded that she was subsequently notified that the appellant filed taxes in December of 2023 and received a tax return. She stated that because the appellant did not report his income information on his April 2024 long-term care application, MassHealth would also need a copy of the appellant's federal 1040 tax returns, with all schedules attached to clarify his income information and to clarify whether he filed taxes jointly with his spouse. The record-open period was extended for the appellant to obtain this additional information. *Id.* The MassHealth representative subsequently responded that she did not receive any additional information regarding the outstanding verifications described above. *Id.*

Findings of Fact

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

1. The appellant is married, and he is under the age of 65.
2. The appellant's spouse was appointed as his guardian in October 2023.
3. In [REDACTED], the appellant was admitted to the nursing facility.
4. On April 16, 2024, MassHealth sent the facility a long-term care conversion application.
5. On April 23, 2024, MassHealth received the appellant's long-term care application.
6. On August 19, 2024, MassHealth sent the appellant a request for additional information, which was due by November 12, 2024.
7. MassHealth did not receive any of the requested information.
8. On November 21, 2024, MassHealth notified the appellant that he was not eligible to receive long-term care benefits because he did not submit the requested documentation needed to determine his eligibility.
9. The appellant timely appealed this MassHealth action.
10. As of the hearing date, the following verifications were still outstanding:
 - Re-submission of the appellant's long-term care application and supplement, with all information filled out for the appellant's spouse;
 - Checking account statements from [REDACTED] from December 1, 2023 through present;
 - All income, asset and spousal expenses for the appellant's spouse;

- Proof that the appellant submitted an application for social security benefits to the Social Security Administration.
11. Following the hearing, the record was left open for the appellant to submit the outstanding verifications and for MassHealth to review aa submissions.
 12. The MassHealth representative subsequently indicated that she received some, but not all, of the requested verifications needed to determine the appellant's eligibility. The following verifications remain outstanding: the bank account and income information for the appellant's spouse.
 13. The MassHealth representative further indicated that she was notified that the appellant filed taxes in December of 2023 and received a tax return. She explained that because the appellant did not report his income information on his April 2024 long-term care application, MassHealth would also need a copy of the appellant's federal 1040 tax returns, with all schedules attached, to clarify his income information and to clarify whether he filed taxes jointly with his spouse.
 14. The record-open period was extended for the appellant to obtain this additional information.
 15. The MassHealth representative subsequently responded that she did not receive any additional information regarding the outstanding verifications described above.

Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all rules and regulations of MassHealth, including recovery or maintaining other health insurance. (See, 130 CMR 515.008).

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (See, 130 CMR 516.001). Per 130 CMR 516.001(B), the MassHealth agency requests all corroborative information necessary to determine eligibility, as follows:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the application.
- (2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

130 CMR 516.001(C) sets forth the process regarding the receipt of corroborative information and provides as follows:

If the requested information, with the exception of verification of citizenship, identity, and immigration status is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

In the present case, the appellant was granted a post-hearing record-open period to submit the outstanding information described above. Despite the additional time granted, the appellant submitted some, but not all, of the outstanding information. Specifically, the appellant has not submitted the following: the account and income information for his spouse, and a copy of his federal 1040 tax returns, with all schedules attached, to clarify his income information and to clarify whether he filed taxes jointly with his spouse. Without all requested information, the appellant has not fulfilled his obligations under 130 CMR 516.001. The action taken by MassHealth was within the regulations.

This 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

Appellant Representative: [REDACTED]
[REDACTED]

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