

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2419232
Decision Date:	3/27/2025	Hearing Date:	01/14/2025
Hearing Officer:	Sharon Dehmand	Record Open to:	03/21/2025

Appearance for Appellant:



Appearance for MassHealth:

Jamie Lapa, 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

Appeal Decision:	DENIED	Issue:	Long Term Care – Verifications
Decision Date:	3/27/2025	Hearing Date:	01/14/2025
MassHealth’s Rep.:	Jamie Lapa	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 November 25, 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 17, 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 representative from the nursing facility who confirmed her identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that a long-term care application was submitted on the appellant's behalf on August 9, 2024. She said that since an SC-1 had not been submitted, she was unaware of the admission date or requested coverage start date. On August 20, 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 November 18, 2024. Through a notice dated November 25, 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 her eligibility. Subsequently, MassHealth received some of the verifications requested. On December 23, 2024, MassHealth started the reapplication process and issued a request for outstanding verifications. No verifications were submitted. The MassHealth representative read into the record a list of outstanding verifications. She stated that she had submitted the same list to the appellant's representative. See Exhibit 1 and Exhibit 5.

The appellant's representative acknowledged that the nursing facility has not submitted an SC-1 yet. She added that the appellant was admitted to the nursing facility on [REDACTED] and that she is seeking coverage to begin on May 1, 2024. The appellants' representative stated that she has received a list of required verifications from the MassHealth representative. She said that she had faced difficulties obtaining the verifications from the appellant's family since August 2024. However, she is now having more success and has started receiving some verifications. She agreed to submit the outstanding verifications.

The record was held open until February 14, 2025, for the appellant to submit the missing verifications and further extended to February 28, 2025, based on the appellant's request. See Exhibit 6. The appellant submitted some of the verifications. See Exhibit 7. Through an email exchange, the MassHealth representative identified outstanding verifications following the appellant's submission on February 14, 2025, and again after her submission on February 25, 2025. On March 25, 2025, the MassHealth representative through an email stated that "the majority of the items are still outstanding." As a result, MassHealth is unable to make an eligibility determination. See id

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 5).

2. The appellant was admitted to a nursing facility on [REDACTED] (Testimony).
3. On August 9, 2024, a long-term care application for the appellant was received by MassHealth. (Testimony and Exhibit 5).
4. On November 25, 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 August 20, 2024. (Testimony and Exhibit 5).
5. On December 23, 2024, MassHealth started the reapplication process after it received some of the verifications requested. (Testimony).
6. MassHealth submitted a list of outstanding verifications to the appellant's representative and included it as part of its submission, marked as Exhibit 5. (Testimony and Exhibit 5).
7. The appellant filed this appeal in a timely manner on December 17, 2024. (Exhibit 2).
8. The record was held open until February 14, 2025, for the appellant to submit the missing verifications and further extended to February 28, 2025, based on the appellant's request. (Exhibit 6).
9. During the record open period, the appellant's representative submitted some verifications. (Exhibit 7).
10. Through an email exchange, the MassHealth representative identified outstanding verifications following the appellant's submission on February 14, 2025, and again after her submission on February 25, 2025. (Exhibit 7).
11. On March 25, 2025, the MassHealth representative stated that "the majority of the items are still outstanding," such that she could not complete an eligibility determination. (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 she 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, MassHealth ultimately did not receive the required information for a determination. See 130 CMR 516.001(B); Exhibit 1; and Exhibit 5. 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 January 14, 2025, the MassHealth representative read into the record a list of outstanding verifications. She also submitted this list to the appellant's representative and included it as part of its submission, marked as Exhibit 5. The appellant's representative admitted that she had faced difficulties obtaining the verifications from the appellant's family since August 2024. However, she stated that she has obtained some verifications and requested that the record remain open to allow the appellant more time to obtain the rest.

During the record open period, the appellant's representative submitted some verifications. See Exhibit 7. Through an email exchange, the MassHealth representative identified outstanding

verifications following the appellant's submission on February 14, 2025, and again after her submission on February 25, 2025. See id. After the record open period ended, the MassHealth representative, through an email stated that "the majority of the items are still missing" and that MassHealth is unable to complete an eligibility determination. See Exhibit 7.

Based on my review of the record, including the email exchange between the parties, I find that several items listed in MassHealth's submission, included as Exhibit 5, remain outstanding. See Exhibit 5; Exhibit 7. 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. Given the appellant's failure to provide all required verification, this appeal cannot succeed.

An appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." See [REDACTED]
[REDACTED] 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

cc: [REDACTED]
[REDACTED]

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

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